R.N.

May, 1953

In pruritus ani

he is willing to try almost anything to obtain relief, but his troubles are not likely to be helped by

—ineffective calamine[1]
—irritating phenol[2]
—sensitizing local anesthetics of the "caine" group[3]
—antihistaminics which are known as "great sensitizers"[3]

his relief is assured

with non-sensitizing, effective CALMITOL. The ingredients of Calmitol—camphorated chloral, hyoscyamine oleate and menthol—raise the threshold of sensory nerve endings and skin receptors and promptly stop itching.

1. Goodman, H.: J.A.M.A. 129:707, 1945.
2. Lubowe, I. I.: New York State J. Med. 50:1743, 1950.
3. Nomland, R.: Postgrad. Med. 11:412, 1952.

the non-sensitizing antipruritic

Thos. Leeming & Co. Inc.

For free sample write to
155 East 44th Street, New York 17, N. Y.

R.N. Contents — May, 1953

Vol. 16, No. 8

EDITORIAL

DEPARTMENTS

COVER CREDITS: Photographer: Walter Herstatt; cap and pin: Mercy Hospital—Street Memorial, Vicksburg, Miss.; uniform: Nursecraft Uniforms, Inc., New York, N.Y.
Photographs on pages 53-55: Arabian American Oil Co.

CCA **R.N. May, 1953; Vol. 16, No. 8. Published monthly by The Nightingale Press, Inc. 210 Orchard St., East Rutherford, N.J. Subscription $1 a year, 25c a copy; Canada and foreign countries $3 a year. Entered as second class matter, Nov. 20, 1951, at the post office at Rutherford, N.J. under the act of March 3, 1879.** NBP

let's meet R.N. authors

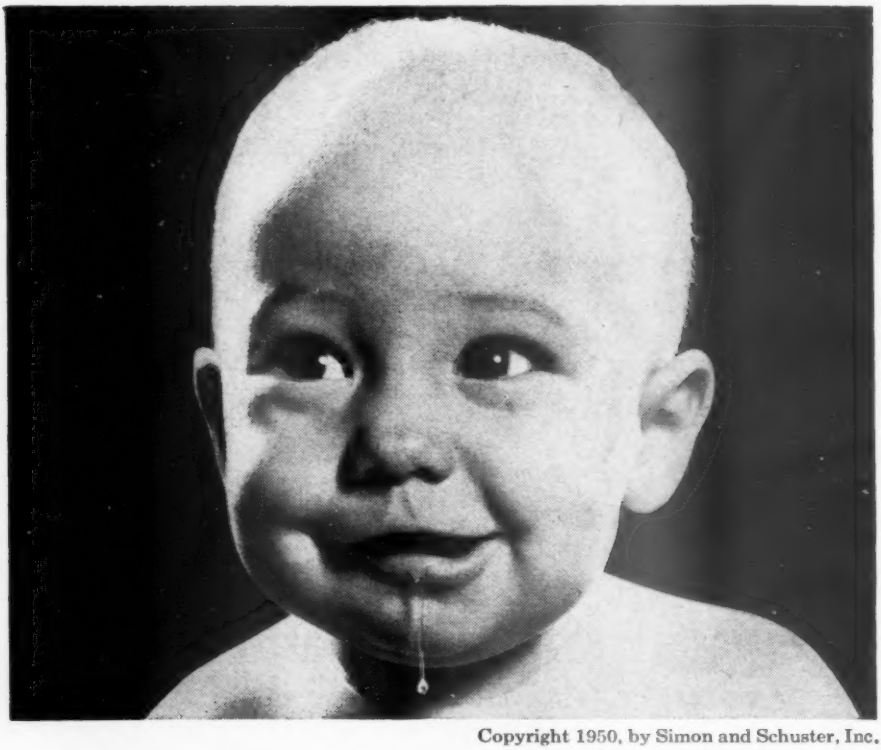
A New Englander by birth and choice, **Margaret L. Wall, R.N.,** graduate of St. Albans Training School, St. Albans, Vt., has been a school nurse 23 years. "No Visitors," page 41, is her third article for us—she first appeared in the April, 1945 **R.N.** Right now, she's seeking a publisher for a humorous book about her experiences as a school nurse.

Charlotte Kerr, R.N. learned early in her work in nursing education that the meaning of words can be a barrier to learning. Her "Thumbnail Thesaurus," page 44, was designed to dispel some of the fogginess that beclouds nursing terms today. We published Unit I of the Thesaurus in March, 1952; units II, III, and IV in April, June, December.

Faith E. Jensen, R.N. (B.S. Bates College, M.S. Yale) is a graduate of Yale University School of Nursing, now works with problem children at the Emma Pendleton Bradley Home in Riverside, R.I. Material for "Nursing the Moribund," page 48, was obtained in the winter of 1951, when she worked on the pediatric service at the Grace-New Haven Community Hospital.

An interest in nursing in foreign lands comes naturally to **Evelyn T. Pastore, R.N.** Back in September, 1952 we published her account of Vienna's Allgemeines Krankenhaus. In this issue, on page 53, she gives us a glimpse of "Nursing in Saudi Arabia." Now home after six years abroad, Mrs. Pastore is currently devoting herself to her husband, writing, and studying languages.

"Say, those Clapp's Baby Foods are swell, Nurse!"



The makers of Clapp's Baby Foods appreciate the fact that . . .

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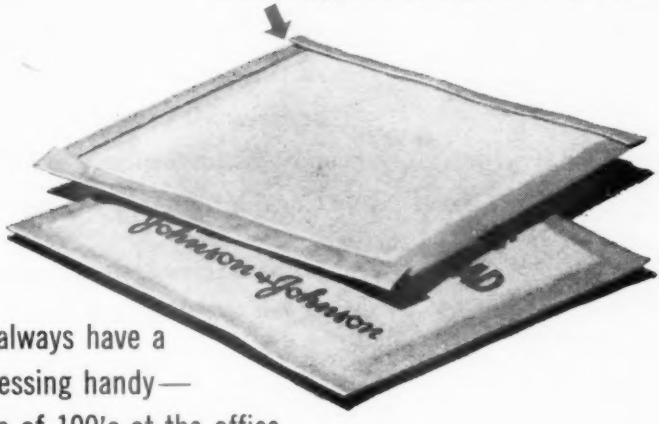
This dressing is sterile when you are ready to use it... because sterility is maintained in an individual envelope with druggist's fold on all four sides.

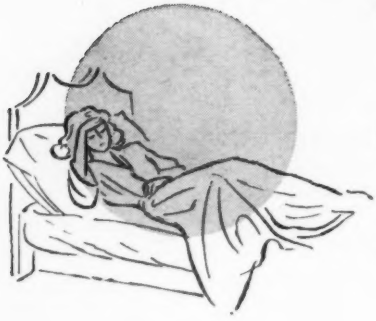


You can always have a sterile dressing handy—
a package of 100's at the office
—or a package of 12's or 25's in your bag.

The most trusted name in surgical dressings

Johnson & Johnson

This product has no connection whatever with American National Red Cross.



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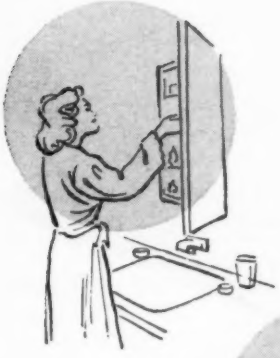

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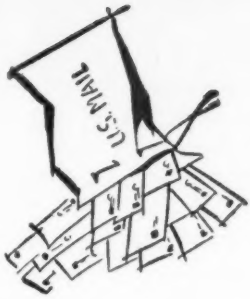
ANACIN



Debits and Credits

THANK YOU NOTE

Dear Editor:

In February you printed a letter from me asking nurses to donate their old white nylons for me to pass on to an elderly friend who makes stocking corsages. The response to that letter has been overwhelming and I am most grateful to every nurse who sent in a donation. I have tried to write a card to each one whose address was on the envelopes or packages, but so many packages have come in that I simply cannot keep up with them. Would you please, therefore, insert a very sincere "Thank you" from me to every nurse who sent in stockings. My friend now has a large enough supply to assure her of many happy and productive hours.

(Mrs.) Charles Beck, R.N.
East Orange, N.J.

NYLONS CONVERTIBLE

Dear Editor:

I would like to call upon **R.N.** readers to help me collect clean, old nylon stockings. Our American Legion Auxiliary Post is conducting a drive to obtain stockings because for every 18,000 pairs, we can receive a television set for one of our veterans hospitals. The boys whom I have visited in the hospital have always been cheerful even though many of them have been bed patients for months—but they do have an occasional wistful yearning to see a prize fight and I am sure many of them would enjoy the variety of programs now seen on television screens. If readers would send their old stockings to me—both white and colored stockings are acceptable—I'm sure it would help my auxiliary meet our goal more quickly. It takes time to collect 18,000 pairs.

Elizabeth McKenzie, R.N.
257 Prospect Ave.
Maywood, N.J.

ONE STANDARD

Dear Editor:

I read with great enthusiasm Janet M. Geister's article in the January **R.N.** I do hope that other nurses will read it with as much meditation as I. Like so many nurses, I, too, have often been confused to the point of despair by the lack of good nursing care which exists in a great many of our hospitals today. My husband is a construction worker and travels, so I have worked in both small and large hospitals in many parts of the country. In some hospitals I have been criticized by other nurses as well as by doctors

for devoting attention to patients and "spoiling" them. Yet in other hospitals I have been commended by doctors, nurses, and administrators for giving the same attention to patients. I have tried to be consistent in performing my tasks in every institution. I do not believe in making a totally helpless individual out of a patient, but I do believe in taking enough time to explain a little about what is being done to help him help himself. But one nurse's explanations can't do as much to help patients as a general attitude of understanding and helpfulness carried out by all who come in contact with patients during their entire hospital stay. If we have visitors in our homes it isn't likely we will insult, neglect, and embarrass them needlessly. Yet we do just that when patients leave their homes to be our guests in a hospital. Sometimes it seems that all hospital personnel do is blame the other fellow for today's shortcomings in patient care. Instead, why can't each person accept his own responsibility for his own attitude and try to do the best possible job? I believe that the teaching staff in any hospital, regardless of how large or how small it may be, can pass on to the other nurses, students, and personnel a certain intangible feeling and enthusiasm that cannot be obtained from books but is as contagious as measles. And I believe that when each one of us works with one thought in mind—the total care of the patient as a person—a person who is placing him-

For every age group...

this Broad Spectrum DIETARY SUPPLEMENT

Regardless of cause or patient age, the need for dietary supplementation frequently arises. Whenever such supplementation is indicated to round out the intake of essential nutrients, a broad spectrum supplement—one that supplies notable amounts of all important nutrients—will serve the patient optimally.

Ovaltine in milk, a delicious food drink, has long been widely prescribed for this purpose. As the appended table shows, it supplies substantial amounts of virtually all nutrients known to take part in metabolism, from biologically top-grade proteins, through the gamut of the essential vitamins, to the minerals, even those needed in trace amounts.

Whenever the patient's nutritional state must be improved, Ovaltine in milk deserves first consideration.

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Ovaltine

Three Servings of Ovaltine in Milk Recommended for Daily Use Provide the Following Amounts of Nutrients

(Each serving made of ½ oz. of Ovaltine and 8 fl. oz. of whole milk)

MINERALS		VITAMINS	
*CALCIUM	1.12 Gm.	*ASCORBIC ACID	37 mg.
CHLORINE	900 mg.	BIOTIN	0.03 mg.
COBALT	0.006 mg.	CHOLINE	200 mg.
*COPPER	0.7 mg.	FOLIC ACID	0.05 mg.
FLUORINE	3.0 mg.	*NIACIN	6.7 mg.
*IODINE	0.15 mg.	PANTOTHENIC ACID	3.0 mg.
*IRON	12 mg.	PYRIDOXINE	0.6 mg.
MAGNESIUM	120 mg.	*RIBOFLAVIN	2.0 mg.
MANGANESE	0.4 mg.	*THIAMINE	1.2 mg.
*PHOSPHORUS	940 mg.	*VITAMIN A	3200 I.U.
POTASSIUM	1300 mg.	VITAMIN B_{12}	0.005 mg.
SODIUM	560 mg.	*VITAMIN D	420 I.U.
ZINC	2.6 mg.		

*PROTEIN (biologically complete)	32 Gm.
*CARBOHYDRATE	65 Gm.
*LIPIDS	30 Gm.

*Nutrients for which daily dietary allowances are recommended by the National Research Council.

self in our hands hoping that we will make him well so he can resume his role as a citizen, or alleviate his pain and fears if his role cannot be resumed—we will be contributing to good patient care.

(Mrs.) Doris K. Smith, R.N.
CORPUS CHRISTI, TEX.

TO MOP OR NOT TO MOP

Dear Editor:

Some time ago I read that the nurses of Japan had their mops literally taken away from them which was all part of the program to help them gain more social prestige in their profession. I think it is high time that similar steps be taken here at home, and I am referring to the prevalent practice of private duty nurses being required by hospitals to clean the patient's room should there be a round-the-clock shift of nurses. This is prevalent in several areas in the U.S. where I have worked and should have gone out with the horse-and-buggy days of yesteryear.

The only exception to this should be in an isolation case when it would not be feasible for a non-delegated person to enter the patient's room.

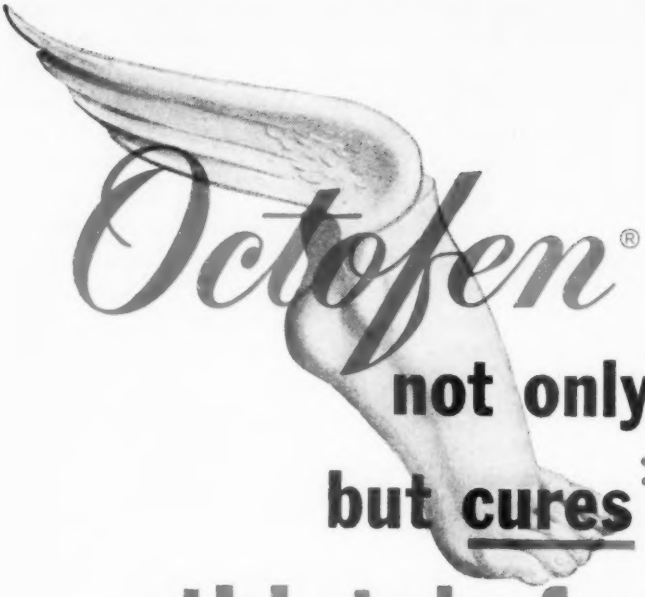
Surely private duty nurses should set an example—and whoever saw doctors cleaning up after themselves!

R.N., SAN DIEGO, CALIF.

WHAT WOULD YOU DO?

Dear Editor:

Last year I worked for a few months as a staff nurse in a 100-bed hospital in New York State. I ob-



Octofen®

not only clears but cures* athlete's foot

Penetrating, potent Octofen kills Trichophyton mentagrophytes on 2-minute contact in stringent in vitro tests.

Octofen contains:

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Actively fungicidal even in the presence of exudate and debris, Octofen attacks the manifest lesions as well as any dormant infection. Mild cases often respond within a week. Severe stubborn cases respond in a remarkably few weeks. Reduces the occurrence of overtreatment irritation.

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* **Oster, K. A., and Golden, M. J.: Exp. Med. & Surg., 7:37, 1949**
...mild cases cured in one to two weeks treatment...moderate infections cured in two to four weeks...severe, long standing chronic cases cured within three months...

served that one of the nurses frequently gave out analgesics, barbiturates, and laxatives to patients and carried on other procedures without doctors' orders. She made no record of these on the charts. Once when I checked narcotics, I was one dose short. I reported it to her and she told me just to fill in the blank and sign the report. When I refused to do this she did so herself. This nurse was many years my senior, had been working at the hospital for a long time, and was second in charge while I was a young newcomer from out of the state. The head nurse was a close friend of this nurse and apparently aware of her unethical practices—in fact, she too occasionally gave medications without orders. The superintendent, who was not very approachable, was also a nurse. In my opinion, the whole nursing service was poorly run. I did nothing about the situation, but my conscience bothers me and I would like to hear what other nurses have to say. I am sure there are other times—not many, I hope—when fellow nurses are the only ones who observe a nurse in habitual and dangerous breach of practice. What should they do when confronted with this problem?

(MRS.) MARY B. MOGREN, R.N.
CHICAGO, ILL.

CONFLICT

Dear Editor:

Recently I resigned from my position as general staff nurse because

YODORA

the beauty-cream deodorant

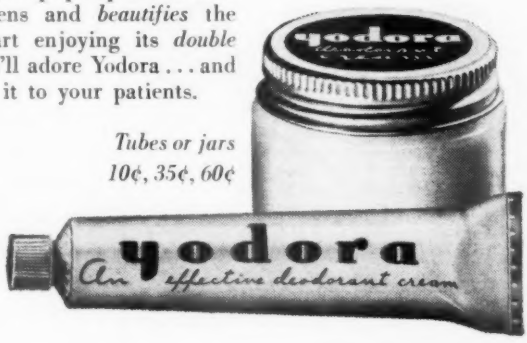
"Not one single case of under arm skin irritation!"

A recent four-week test, supervised by a leading skin specialist, showed not one single case of under arm skin irritation from using Yodora...even when applied immediately after shaving.

Made with a fine, pure face cream base, Yodora contains no strong acid salts. Used daily, Yodora not only stops perspiration odor effectively, but softens and *beautifies* the under arm skin. Start enjoying its *double protection* today. You'll adore Yodora . . . and want to recommend it to your patients.

ACCEPTED COMMITTEE ON COSMETICS AMERICAN MEDICAL ASSOCIATION

REPLACEMENT OR REFUND OF MONEY Guaranteed by Good Housekeeping IF NOT AS ADVERTISED THEREIN



Tubes or jars
10¢, 35¢, 60¢

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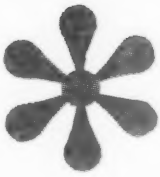
I was given the cold shoulder by other nurses on my shift when I refused to neglect patients' care and drink coffee, read newspapers and magazines, and gossip while on duty. It was against my nature to disregard call lights, doctors making rounds, and visitors' anxious queries. Because I refused to neglect my nursing duties and preferred to remain loyal to my profession and my hospital where I was employed to such an extent that I was frequently late in getting off duty, I was dubbed inefficient and uncooperative. I was given every reason to understand that my services were not appreciated, that I slowed down the general floor routine. Until I am able to find a position in a hospital which will give me the opportunity to satisfy my desire to be a conscientious general duty nurse, I am doing private duty. In the meantime, I am praying that more nurses will remember the Golden Rule, the Nightingale Pledge, and our loyalty to our profession and to those sick and troubled persons whom we must serve.

ALPHA A. LEE, R.N.
HOLLYWOOD, CALIF.

THANKS FROM NFIP

Dear Editor:

The National Foundation for Infantile Paralysis is most anxious to extend its deep appreciation to the members of the nursing profession for their unselfish and untiring assistance during the polio epidemic of 1952. This expression of appreci-



*

You use it . . . but you don't see it!
You use it . . . but you don't feel it!
You use it . . . but you never know
it's there at all!
What is it? It's Meds . . . the *modern* form of sanitary protection . . . the tampon made for the modern woman.

ation is directed not only to the nurses recruited by the American Red Cross but also to those local nurses who remained in their own hospitals or who volunteered for emergency duty administering to the polio patient. These nurses are indeed deserving of the gratitude and appreciation of all Americans. Another group which worked hard in the fight against polio were those nurses who volunteered to assist in the gamma globulin experiments which were conducted last year.

Without the understanding and support of these nurses, the National Foundation would have been unable to fulfill its obligations to all those who have financially supported our campaign against infantile paralysis. The families and communities of the polio patients who received nursing care are equally grateful.

It is of interest to note that, in those local communities where nurses and nursing organizations participated in the community polio epidemic planning, the hospitals were prepared to meet their responsibilities to the polio patient without seeking outside assistance. The National Foundation for Infantile Paralysis is grateful to all those whose services assisted the polio patient during his acute and convalescent illness and looks forward to this teamwork and assistance in the coming year.

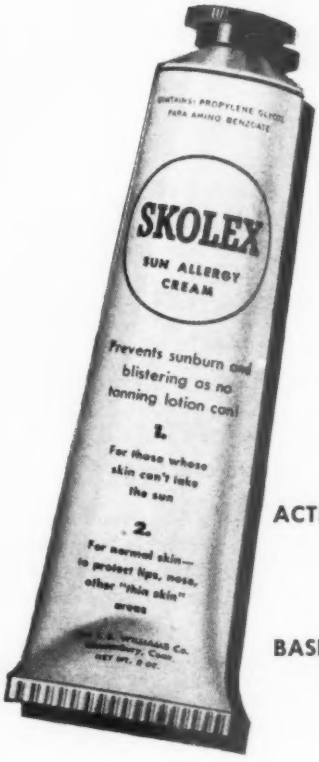
BASIL O'CONNOR, PRESIDENT
NATIONAL FOUNDATION FOR
INFANTILE PARALYSIS, INC.
NEW YORK, N.Y.

Three years of testing further confirms

SKOLEX

SUN ALLERGY CREAM

Most complete protection against ultraviolet rays



Now, three years of testing by doctors further confirms the impenetrability of Skolex Sun Allergy Cream to wave lengths 2900-3200 A.U.—the region in the spectrum most responsible for sunburn and other skin reactions to ultraviolet rays.

Skolex has successfully protected even the most hypersensitive or sun-allergic skin from the damaging effects of these rays.

Skolex cream base is also helpful to dry skin conditions often associated with sun sensitivities.

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PROPYLENE GLYCOL PARA AMINO BENZOATE

BASE: Stearic Acid, Cetyl Alcohol, Petrolatum, Hydroxybenzoate, Triethanolamine, Carbowax, Perfume (non-irritant), Water.

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Babies love them... thrive on them!

IT IS now clearly recognized that a baby's whole future development is profoundly influenced by his early experiences with food.

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A wide variety for you to recommend: Meat and Vegetable Soups, Vegetables, Fruits, Desserts—*Cooked* Cereal Food, *Strained* Oatmeal and *Cooked* Barley.

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FOODS *for* BABIES

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Every Beech-Nut Baby Food has been accepted by the Council on Foods and Nutrition of the American Medical Association and so has every statement in *every* Beech-Nut Baby Food advertisement.

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our top flight nurses.

We salute you who keep pace with medical progress, the better to serve mankind.

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"Nothing Could Be Finer"

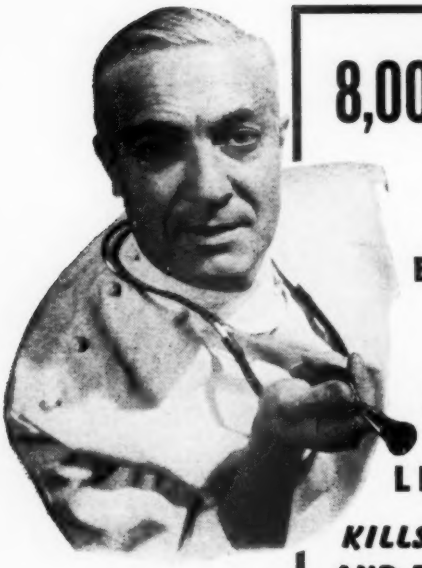
Genuine Goodyear Welts

for YOU... a pair of white shoe laces and new catalogue... at Booth 31, National League for Nursing Convention... or send name and address to:

Clinics available in sizes to 12, AAAA to E

OFF-DUTY STYLES IN BROWN OR BLACK CALFSKIN

THE CLINIC SHOEMAKERS, 1221 LOCUST Street, Dept. RN5, Saint Louis 3, Mo.



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EASIER-TO-APPLY

A-200

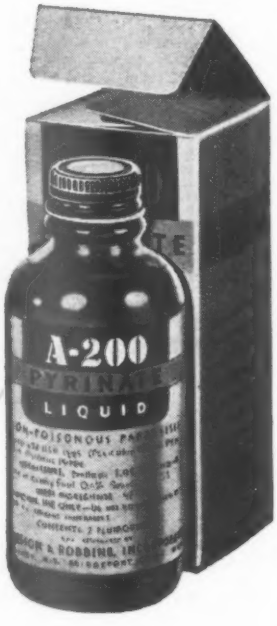
LIQUID PYRINATE

KILLS HEAD, CRAB, BODY LICE, AND THEIR EGGS... ON CONTACT

8,000 CLINICAL TESTS in the District of Columbia jail prove A-200 Pyrinate highly effective in killing both parasites and their eggs . . . on contact!

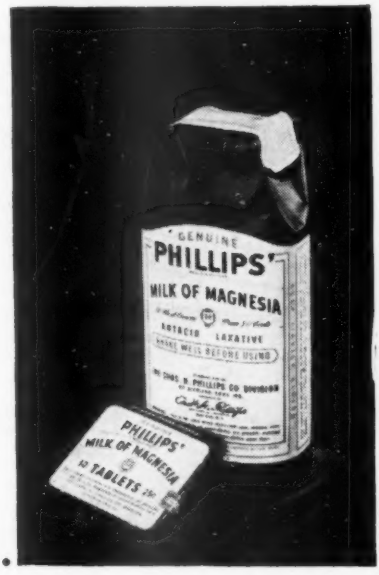
A-200 Pyrinate Liquid is easy to use, no greasy salve to stain clothing, quickly applied, easily removed, non-poisonous, non-irritating, no tell-tale odor . . . one application is usually sufficient.

The active ingredients of A-200 are Pyrethrum extract activated with Sesamin, Dinitroanisole and Olearesin of Parsley fruit, in a detergent-water-soluble base. The pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man. A-200 Pyrinate Liquid has won quick and general acceptance by the profession wherever it has been introduced.



A Product of McKesson & Robbins, Inc.
Bridgeport, Conn.

An Ideal Antacid-Laxative

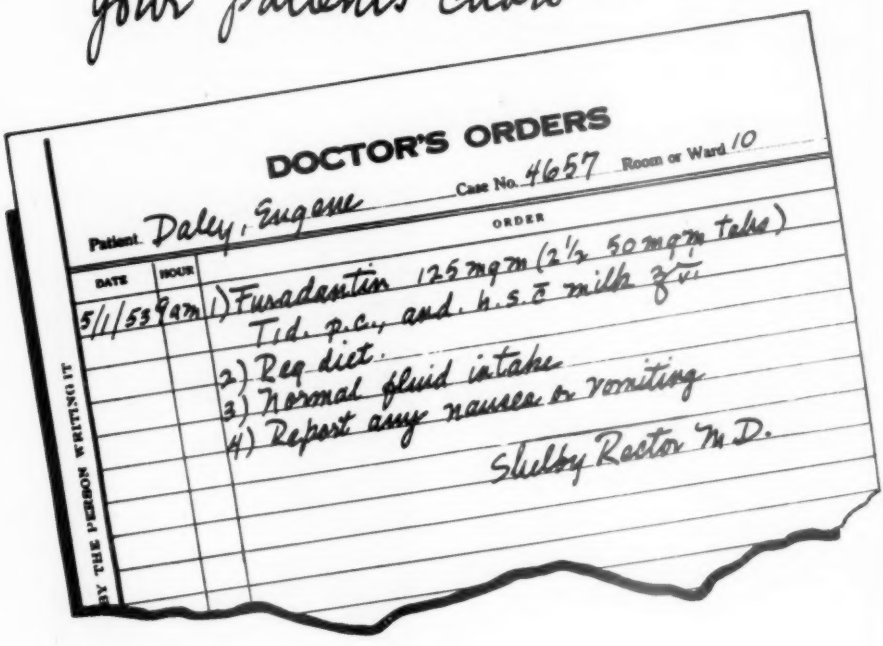


INIMITABLE...

Quality and demonstrated dependability for over three-quarters of a century... consistently and universally accepted above all others...the prestige of Phillips' Milk of Magnesia may be measured by the overwhelming majority of those who recommend it...the medical profession.

PREPARED ONLY BY THE CHAS. H. PHILLIPS CO. DIVISION OF STERLING DRUG INC., 1450 BROADWAY, N.Y. 18, N.Y.

An important new entry on your patient's chart –



This is what it means:

What is Furadantin?

An antibacterial nitrofuran (brand of nitrofurantoin) the first designed for systemic use—the third now available clinically. The other nitrofurans are Furacin® and Furaspor®, to which Furadantin is closely related.

What is it for?

By oral administration for refractory, bacterial urinary tract infections especially by Proteus species, in those cases not responding to other drugs. Because of low blood levels, caused by rapid excretion into the urine, it is not intended for infections other than of the urinary tract.

What is the dose?

5 to 8 mg. per Kg. (2.2 to 3.6 mg. per lb.) over 24 hours; to a maximum of 10 mg. per Kg. (4.5 mg. per lb.) per 24 hours for refractory cases. Dosage for young children not yet known.

How administered?

¼ the above dose given with each

meal and at bedtime with food or cold milk, to minimize nausea.

How long administered?

If definite improvement does not occur within 5 to 7 days, Furadantin is probably not proving effective. It should not be administered for more than 14 days. Following a rest period of 4 weeks, another course may be administered if indicated.

Contraindications?

Anuria, oliguria, severe renal damage.

Any adjunct therapy?

No acid or alkali therapy needed. Maintain *normal* intake of fluids—forcing fluids may dilute drug in urine to ineffective levels.

What side effects may be anticipated?

A low incidence of nausea and emesis in susceptible patients; usually alleviated by slight reduction in dosage, but not below 5 mg. per Kg. per 24 hours. No crystalluria, hematuria, abdominal pain, diarrhea or anal pruritus have ever occurred. Brownish discoloration of urine during therapy is normal.

Sensitization may occur although no case has yet been reported. Therapy should then be terminated immediately. As with all new and powerful chemotherapeutic agents, it is recommended that blood cell studies be made during treatment. The nurse should always be alert for possible sensitivity and other untoward systemic reactions.

How is it packaged?

50 mg. scored yellow tablets in vials of 50 and 250 tablets; 100 mg. tablets in vials of 25 and 250 tablets.

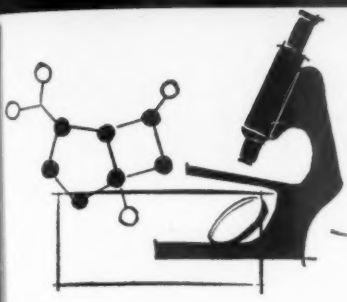
Literature sent to nurses on request

FURADANTIN®

The NITROFURANS

A unique class of antimicrobials

EATON Inc.
LABORATORIES
NORWICH, NEW YORK



Science Shorts

No one should reduce merely because of a desire to become thin, Dr. Max Millman of Springfield, Mass., states in *Today's Health*. He asserts that too little fat may be as dangerous as too much fat and points out that in normal amounts—10 to 15 per cent of body weight—fat serves as a reservoir for food in time of need; acts as a padding to protect the internal organs; keeps the individual warm; conserves protein in the body; and helps to maintain the normal smoothness and elasticity of the skin.

*

Oral and topical administration of terramycin has proven of value in the treatment of a wide variety of dermatoses, Dr. Harry M. Robinson, Jr. reports. He bases his conclusions on a study of 1,194 cases of skin infection treated with terramycin capsules and ointment.

*

Epidemic specialists of the USPHS were called upon to help state and local health departments in the investigation and control of over 200 epidemics and three flood disasters during 1952. Among the outbreaks studied were 18 infectious hepatitis epidemics, eight each of poliomyelitis and encephalitis, and one or more outbreaks of anthrax, brucellosis, German measles, infectious mononucleosis, influenza, malaria, psittacosis, rabies, suspected smallpox, and typhoid fever.

*

The excessive heat of last July and August accounted for almost ten times as many deaths as there were in the entire year of 1951 *from this cause, Metropolitan Life Insurance Company statisticians have pointed out.*

*

Oral administration of erythromycin, a new antibiotic, seems promising in the treatment of several common diseases, according to a *JAMA* report. An article by Doctors Jay Ward Smith, Richard W. Dyke, and Richard S. Griffith reports that doses of 300-500 mg. of erythromycin every six hours appear effective against hemolytic streptococcus infections of the throat. Stressing the fact that too few cases were included in their study to warrant any definite conclusions, the doctors comment that erythromycin seems to be at least moderately effective in the treatment of pneumococcus pneumonia, and add that the drug deserves further trial in other types of infection. They point out, however, that the usefulness of erythromycin may be limited in infections where the causative organism cannot be readily reached by high

concentrations of the drug; organisms resistant to erythromycin can also develop during the course of treatment.

*

The City of New York has appropriated $165.6 million for the reconstruction and construction of its municipal hospitals since 1945.

*

A mechanical heart mechanism was utilized during an exploratory heart operation on a 41-year-old man who made an "excellent recovery and was at no time critically ill." For 50 minutes the machine maintained complete substitution for the left ventricle. Doctors Forest D. Dodrill, Edward Hill, and Robert A. Gerisch of Harper Hospital, Detroit, report in the *JAMA* that this mechanism may make it possible to perform heart surgery hitherto unfeasible.

*

A nation-wide survey conducted by the American Dental Association reveals that half again as many men as women need complete artificial dentures.

*

An electronic microvoltmeter which measures the voltage difference between the head and various other parts of the body has been utilized by Dr. Leonard J. Ravitz of Duke University as an aid in diagnosing mental illness, particularly schizophrenia. Based on the fact that each individual gives off electrical waves, the machine helps detect schizophrenia by "recording consistent deviations outside the normal range," Dr. Ravitz explained.

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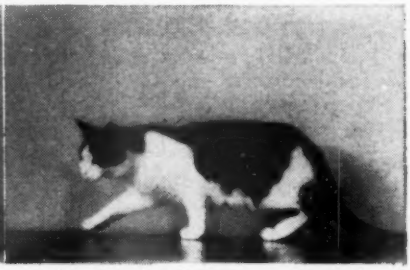
Cat treated with streptomycin is ataxic.



Cat treated with the same amount of streptomycin-dihydrostreptomycin has normal equilibrium.

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R.N. speaks: THE 40-HOUR

■ IT WAS MAY, twenty-eight years ago. The occasion was the annual commemoration services of the birthday of Florence Nightingale. The *New York Herald Tribune* published the following editorial:

> "In almost all employments the twelve-hour day has been reduced, and certainly few vocations impose a greater strain on nervous energy than nursing. Alterations in hospital arrangements will accomplish relief without great expense or undue interference with long established routine, the nurses say. It is to be hoped that the hospital authorities who have the nurses' appeal under consideration will see their way clear to establish a shorter day than the twelve hours as a working basis. It is the fair thing to do and in its way a mark of appreciation as eloquent as a memorial service."

Ten years later the same paper reported that over the intervening years, through nurses' efforts, the shorter day was on the road to accomplishment; that in twenty-five hospitals in Manhattan, the Bronx, Westchester, and Staten Island the 8-hour day for private duty nurses had been adopted. It also pointed out that it was with reluctance that hospital authorities gradually submitted to the reduction in the workday, and only then after the nurses voluntarily took a cut in salary to gain it.

This took place in the middle of our most severe depression. The reduction in the workday was initiated for a threefold purpose: primarily it was to create more work for nurses in a period of unemployment, and of less emphasis, to reduce fatigue in nurses and to give nurses more leisure for recreation and professional study. However, the New York papers did not report that this state was not in the vanguard of the 8-hour movement, for California had accepted the 8-hour day for private duty nurses in 1929, and for institutional nurses in 1932.

The shocked cries of hospital administrators, predicting ruination, at the suggestion of a reduced work week, were heard from the housetops. Newspaper editors and feature writers came to the aid of the profession. In 1935 one of them wrote: "The fifty-six hour week represents a real reduction in working hours for these nurses because formerly they worked eighty-four hours a week and in some cases,

when they were working what is known as twenty-four-hour duty, from 100 to 140-odd hours a week."

In this year of 1953, when nurses are trying to institute a 5-day, 40-hour week with two consecutive days off, the same horrified roars resound throughout the nation. Current arguments against it from hospital administrators and doctors strangely echo the past:

"The 40-hour week would increase the nursing payroll expense a minimum of 10 per cent, and in most instances as much as 20 per cent . . . It would cost the patient an additional seventy-five cents to a dollar a day . . . Other hospital personnel would demand it . . . It would make consumers of nursing service who are not on a 40-hour week feel that they are exploited . . . We are a non-profit hospital and costs of drugs, food, and dressings have trebled over the past 10 years . . . How can we continue to give economical service to patients . . . The nurse is assuming the role of a laborer in asking for a 40-hour week . . . Never has a nurse walked away from the operating table, the delivery room, or bedside because the whistle blew at the end of a shift of work . . . The average physician can more easily understand nurses' efforts to raise educational standards than the justification of the 40-hour week resolution . . . Nurses have worked long hours, and have consistently given more than they have received. But to a degree, at least, the same applies to the physician . . . It has been but a few years since graduate nurses were employed at $65 per month for a 12-hour shift of nursing care, and in some cases on a 7-day week basis. [Now look what they're asking for!]"

Certainly, nurses were working a 12-hour shift, an 84-hour week, and often a 7-day week a short time ago. And it *is* upsetting to doctors and hospital administrators to know that those golden days are gone forever. Today, the reason for a reduction in the work week is not to spread employment, but to reduce the mental and physical strain that has accompanied the stepped-up pace in hospitals, and also, another pertinent reason, to give nurses time to study for the professional advancement that is fast becoming a requisite for all professional positions. Neither hospital administrators nor physicians take care of the prematurely tired out nurse. Nor do they exert themselves to see that

group retirement plans are available to interested nurses.

Are we nurses really putting an intolerable burden on hospitals, consumers, and communities? Are we being non-professional, materialistic, and shortsighted in asking for measures that will conserve our health and upgrade our standard of living?

A philosophical editorial appeared in the *Westchester Medical Journal* last year. How the physician who wrote it would react to this application of it is open to question, however, as he rambled in the abstract he did make this point:

"Nature has attempted in the daily cycle of man to establish a measure —a full eight hours—of silence, another for putting in time at work, a third for play or contemplation. The ancient Sumerians called these divisions the one-one-one-life system in order to ensure equal emphasis on all. The Aztecs called it the one-two-three to maintain unchanging regularity. Not to be outdone, we should call it man's diurnal desideratum."

The prescription is there, we ask only for the application.

If we should thumb through the economic history of the United States, we would soon recognize that the trend has been one of a steady reduction in the hours of work for all workers. In manufacturing, the work week has shown a steady decline since the 60-hour work week of the 1890's, through the 48-hour work week of the 1930's, to the 40-hour work week established by the federal and state legislation that prevails today. History proves that industry, without the predicted economic collapse, reduced the work week when pressured to do so.

From a period extending from 1820 to 1920 the 12-hour day was replaced by the 10-hour day in manufactur- [*Continued on page* 82]

++++++++++++++++++++

● *Doctors' incomes soared to an all-time high in 1951. So states* Medical Economics, *reporting on the results of its seventh survey of physicians. It appears that the net income of the average independent practitioner is increasing at a faster pace than that of working people as a whole. In 1935, the so-called average doctor had a net income of $3,792; in 1951, his books showed a net income of $15,262—before taxes. Despite differing economic conditions through the years, operating expenses have fairly consistently accounted for about two-fifths of his gross income. The hours worked during 1951 were fewer by 10 per cent than those worked during World War II, but the busy M.D. still puts in a 58-hour week and spends 12 per cent of his working hours doing charity work. The survey shows that the more time a doctor devotes to his practice, the higher his probable income. Another interesting sidelight: doctors' incomes often reflect the presence or lack of competition. In some Southern states with few doctors and a low income per capita, doctors' incomes are high. Conversely, in some cities where per capita income is high, M.D.'s incomes are low.*

For the past several months we have received numerous complaints from our subscribers who state that they have forwarded their renewals together with their remittances only to be notified by us that we have no record of payment.

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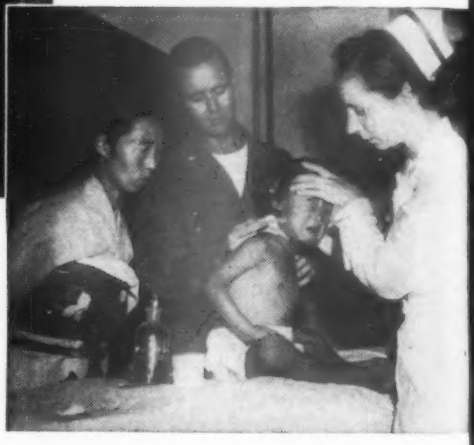
PUBLISHER

THE TRAVELING ROBINSONS

by Frances Lewis, R.N.



■ ARCHEOLOGY, medicine, nursing, and a yen for travel. Mix these ingredients well, add a liberal amount of humanitarianism, and there you have the headline-making husband and wife team—Nadine and Donald Robinson.

To the Robinsons, who have been on the move since they first met in Hawaii in the mid-forties, there is nothing particularly dramatic about their activities. And actually there isn't when you consider their exploits separately. Undoubtedly, the novelty of this compatible nurse and physician couple lies in the fact that both simply refuse to be bored with life. Many people regard their positions solely as a means of making a living. The Robinsons are different—they look on theirs as springboards to further adventure and service.

Take the latest project of the Robinsons in Korea.

When Major Donald Robinson was assigned by the Army to serve as a public health and preventive medicine specialist in Korea, he had no idea that he would soon be spending all his off-duty hours in helping to rebuild a hospital for Korean civilians in Seoul. Nor could he guess that within a few months his wife would be able to join him in the undertaking. After all, the for-

Nadine Robinson and three sober young Korean war orphans find a vantage point in the heart of Seoul from which to survey the ruins of bomb-battered Severance Hospital.

Major Robinson and his wife administer first-aid to an apprehensive young patient during clinic hours at Severance Hospital while the child's mother watches intently.

During less hectic days, Nadine and Donald Robinson inspect some of the trophies brought back from expeditions. (Photograph by "Atlanta Journal-Constitution.")

tunes of war—or a "police action," don't allow a husband and wife to see too much of each other even though they are accustomed to traveling and working together. And the Robinsons, like thousands of other young married couples, had resigned themselves to their lot. Well, almost resigned themselves . . .

As it turned out, even the Korean war and the Army couldn't separate the Robinsons for long. For as Major Robinson and his fellow volunteers labored to get the battle-scarred Severance Hospital in Seoul back into shape, a typical Robinson plan evolved, which for want of a better name, might be called Operation Nadine. The reasoning behind the plan was simple: The hospital needed nurses; Nadine was a nurse—and also Major Robinson's wife; therefore, she should come to Korea. At first the authorities were cool to the idea, but eventually red tape was unsnarled, and with her passage paid by her husband, Nadine arrived in Seoul last summer to become the only Army wife in that bomb-shattered city.

Nadine had to face the rigors of her new job immediately for she found that her room in the hospital had no roof, no water, and no heat. Apparently, it was called a room by virtue of its walls, but even these were sadly deficient in plaster. However, it would have taken more than this to dishearten the new volunteer. Although Nadine was not accustomed to such primitive hospital quarters, she had roughed it many times before on the archeological sidetrips she and Donald had taken during the latter's tour of Army duty in Panama.

She was not dismayed either by the job that loomed before her, for this was the challenging type of work she had expected; had, in fact, traveled half-way across the world to do. In addition to actual nursing, there was plenty of teaching in store for her since the nursing school as well as the medical school had recently re-opened. And not only did the nursing students have to be

taught; in some instances they had to be outfitted. One of Nadine's first requests home was an SOS to her mother-in-law for 27 pairs of nurses' shoes. The South Korean students could afford to pay but $3 a pair, which amounted to one-third of their monthly pay. Armed with paper footprints of the nurses, Mrs. Robinson bought the shoes wholesale and paid the difference between the $3 and the actual cost. The arrival of the shoes in Korea the day after Christmas was a joyous occasion for the usually impassive Koreans, says Nadine. It even outdid Christmas.

While Nadine, along with two other staff nurses, helped to provide nursing care and teach the students at the understaffed hospital, Army medical officers were also doing their share. Twenty-eight of the doctors teamed up to teach at the medical college, one of whom, of course, was Major Robinson. The Major now spends all the time he can spare from his absorbing work in preventive medicine at Eighth Army Headquarters teaching at the college and conducting a GYN clinic at the hospital.

The dramatic highpoint in the progress of the hospital since its rebuilding was first launched in 1951 by a Canadian missionary, Dr. Florence J. Murray, was the dedication this January of the I Corps Korean Children's Amputee Clinic. The opening of the clinic was made possible by a fund of $75,872 contributed by American and Korean civilians and soldiers at the front lines. Participating in the ceremonies, and paying special tribute to the new project, were such dignitaries as Lieutenant General Paul W. Kendall, Commanding General of the I Corps and General James A. Van Fleet, former Commanding General of the Eighth Army. Listening to the speeches and afterward watching the mutilated children respond to special care and treatment, the Robinsons felt even prouder that they were part of this cooperative undertaking.

Since the Robinsons have been in Korea it is understandable that their story and that of the hospital have been beamed around the world through the Voice of America. Newspapers and magazines have also related their experiences. Is this just because the doctor and nurse make a good human interest story? Partly, but there is another reason, too. Without doubt, the press and radio realize it is refreshing and comforting for the average civilized person to hear of constructive efforts being made in a country where slaughter and destruction are the rule rather than the exception.

So immersed are the Robinsons now in their service in Korea that they probably have little time to pursue their secondary interest of archeology. Although they may not have time to do the actual "digging" —Nadine's favorite outdoor sport, both of the Robinsons are on the lookout for treasures to add to the thousands of museum pieces they have collected on previous trips.

Since their marriage, the Robinsons have taken three trips together to countries [*Continued on page* 78]

Candid Comments

DO WE FEEL TOO LITTLE?

■ RECENTLY in a restaurant, a five-year old suddenly froze the diners with his terrorized shrieks when the waitress stopped by the table. "Go away! Go away!" he cried. Later, the tears still rolling freely, he sobbed. "I thought she was a nurse. The nurse stuck needles into me. She didn't tell me she was going to. She hurt me all the time until my mummy took me home."

Was this nurse simply tearing around trying to get the order book checked up? Had she never learned one of the basic principles of nursing, that respect for another's personality, whether a child or an adult, is the essence of courtesy? Had she forgotten that our approach to patients is as much a part of nursing care as our techniques?

Courtesy is a matter of vital concern to nurses. Our work is wholly with people, not things. More and more are we reaching into the whole span of a patient's personality—the spiritual, psychological, and social, as well as the physical aspects. We cannot rightly enter this holy of holies armed only with a hypodermic needle and a head full of knowledge. Our scientific knowledge and practices are only partially effective unless they are rooted in an abiding respect for the patient as a person. Everybody loses when any of us forget the simple but ever astounding fact that man is essentially a spirit, and that every person, no matter what he looks or acts like, is a child of God in his own right.

This respect for personality is just as important in our relations with each other as it is with patients. The status of nursing has changed; so has the status of nurses. As the "partnership" and "team work" ideas gain momentum, it becomes increasingly important that nurses be people, not patterns—reasoning, thinking, just, people who can work together in harmony regardless of rank. While officers and orders must always prevail where people work together, the finest results come where orders are given—and taken—in a sense of serving a common cause. The old "you do—or else" system elicited blind obedience, but it also "straight-jacketed" minds and spirits. Its persistence in some areas is a blot, and an anachronism as well. We are shockingly short today of the people to fill administrative posts who, by bigness of soul and attitude, are qualified to lead. I urge a thoughtful reading of articles by Marian Kalkman and Dorothy Perkins Newcomb in the March, 1953 *American Journal of Nursing* for two

by Janet M. Geister, R.N.

excellent discussions bearing on this.

Good manners alone are not courtesy; they are but the surface amenities that make contacts with others easy. They change in style, as clothes do. Courtesy has no age, its principles are permanent; it comes from deep within us. "The Golden Rule," says our Code of Ethics, "should guide the nurse in relationships with members of other professions and with nursing associates." The quality of our respect for the personalities of others shows how far we accept this code. "Courtesy," says Emerson, "is made of the spirit more than of the talent of men; it is a compound result into which every great force enters." In other words, our code of courtesy reveals the kind of people we are inside. If courtesy is of the spirit, not of the talent, it explains why some people with little formal social training are instinctively courteous, and quite simply do the right thing. It explains too why some others, painfully polite, can do cruel and ugly things.

When nurses fail in courtesy to each other and to patients what is wrong? Are we getting a different breed of people than in the past? Indeed, no. People haven't changed in their basic elements, but changed conditions around us have brought new and sometimes frightening attitudes. There is nothing wrong with the altruistic purposes of the young people who join our ranks. They deliberately chose nursing out of scores of inviting careers simply begging for them. My generation had but two or three choices. We find some of the answer in the world about us. Nurses are of the people as well as for them, and the effects of world uneasiness and materialism strike us too. It is a minority that offends. The majority of nurses are doing a magnificent job under the most difficult conditions ever to face a profession.

The most powerful factors that affect our attitudes lie closer to home. I greatly believe that of all of them, the most potent is the marked disturbance of the nurse-patient relationship in hospitals. We know why auxiliary help has been brought in to share the nursing job. Perhaps we don't all realize, however, how much the nurse-patient relationship counts in creating and maintaining the spirit of nursing, with all its loyalties, selflessness, and devotions. This relationship was established in the days when patients "belonged" to nurses, and nurses zealously protected their patients. I believe that this attitude of patient protection, more than self-interest, is a big part of nurses' struggle not to give way too far in their place by the bedside.

The nurse-patient relationship has been violently disturbed by the drive to get the work done, and the move to modernize nursing. The nurse has lost her identity with the patient—a very serious loss. As this tends to impersonalize nursing, it tends also to impersonalize the nurse. *It has emptied nursing of something precious and compelling*—and nothing on which to feed the spirit and pin the faith has taken its place. If self-interest and indifference have rushed

into the vacuum, who can wonder?

The arts of medicine and nursing, inextricably bound together now more than ever, have suffered in the vast, cold advances of science. "We know too much and feel too little," says Bertrand Russell in an article on the effects of science. The trend is to replace the old aristocracy of the arts of practice with an aristocracy of science. So, in medicine we see a great gain in specialization that divides man into parts, and in nursing we turn the bedside care of the man over to non-professional helpers. Yet where, but in actual observing and serving the whole man do we best learn and practice the art of nursing?

The art of nursing is a composite of our finest impulses, our tenderest concern, and our hard-bitten knowledge of how to approach and treat the myriad types of personalities our patients present. It is through the force of this art that we illumine and bring to full fruition the knowledge of the mind. It is through the practice of the art of nursing that we enrich our own personalities and gain in moral stature. We can no more do without the art of nursing than a church can do without religion. Enlightened nurse educators know this, and are working with might and main to blend the art and science of nursing into a composite preparation that fits a nurse to be a *person*, not just someone who can get by the final examina-

Probie

"I thought all clothing is sent out to be fumigated."

tions. Sister Mary Anthony of St. Elizabeth Hospital, Covington, Ky., describes a splendid example of this kind of teaching in *The Modern Hospital* for January, 1953.

The trend, however, is to put great premium on those who qualify for the aristocracy of science, and undervalue those who are expert mainly in the art. There is ample room and need for both. This move has had a demoralizing effect on morale, and a needless one. No good nurse, least of all the grand troupe that has helped make nursing useful and good, wants to block the march toward higher education. Good nurses are *for* it—many of them have helped in getting nursing courses in universities and colleges. But they deplore the losses patients incur, and they resent the blind alleys they find themselves in. Lost incentives and treadmill jobs quench the enthusiasm and devotion that have made nursing a vital, living force in our lives.

To return to the nurse who terrified the five-year-old. Why was she so insensitive to her responsibilities? We can think of several reasons but of no reasonable excuse. Courtesy is more a matter of attitudes than of time. Yet I wonder if things might not have been different if she had been taking care of patients instead of the order book? One of industry's greatest problems is the damage done by mass production to man's ego and his loyalties. Man does not work by bread alone; he needs identity with something greater than his own personal interests on which to feed his spirit.

The same kind of situation can develop in nursing—or has it already begun? We cannot condone lapses in personal conduct—there is no morality in taking out our frustrations on patients. But what are we doing to conserve the soul of nursing—the very wellspring of its existence? As the struggle goes on to modernize both education and practice, and to improve nurses' economic status, what thought is given to the emptiness that comes as nurses lose the old enriching and ennobling identity with patients? No sane person wants the clock turned back, but neither can we ignore the signs of a waning light. Nurses, no less than others, must have a strong faith in their goals and an abiding sense of identity with these goals. That is what keeps the flame bright.

Courtesy, "made of the spirit rather than the talents of men" is an outward symbol of inner grace. When failures in our relations with others mount we have danger signs. Spiritual hungers are rampant in today's world. Old values have been destroyed or submerged; there is a hollowness in their place. We Americans enjoy unprecedented material comforts, yet our hunger for something that is lacking shows in the extraordinary popularity of books dealing with religion and allied subjects. Hundreds of these books flow from the presses, but the hungers are not yet stilled. Our material comforts do not provide the inner security man craves.

Last fall [*Continued on page* 76]

■ THE SIGN on the door of the hospital room was a large one, and the words "No Visitors" were plainly visible upon it. But there was no special nurse to act as vigilante.

The door opened a crack to allow the visitor, friend and neighbor, to squeeze through. With right index finger pressing puckered lips, she gave a triumphant glance over her shoulder, muffled the door to a close, and sank heavily into a chair beside the bed. A deep sigh seemed to boast, "Well, I'm in."

The patient, lying helplessly on the bed, had a chance to say, "How in the world did you get in here?" before the deluge began.

"Now, my dear, you don't have to say a word. I'll do all the talking. I had the most wretched time getting in to see you. I have never been in such an unfriendly hospital.

"If I hadn't lied at the desk, I wouldn't be here with you this minute. I'm supposed to be visiting Mrs. Jenkins, second room down from here. As though I'd bother to call on her! I am not even interested in her. I would like to know though how she will ever be able to pay the hospital

by Margaret L. Wall, R.N.

bill, doctors, and three special nurses.

"You know how some of the busybodies in this town love to gossip. I, myself, have always hated it. Between you and me, of course, don't say I said so, I shouldn't be a bit surprised if some nitwit has been telling her the news. They say on good authority that since she has had her operation that husband of hers is spending more money on outside activities than the operation will cost. She may be getting even with him, just like her to run up a big bill for her own comfort here. Probably, she just lies there and figures that, 'What is sauce for the goose is sauce for the gander.'

"I don't suppose you happen to have heard what kind of an operation she had? If I were at all inquisitive, or nosey, I could have asked one of the nurses downstairs. You can't get anything out of them, though. I've found that out.

"Yesterday I met Sue Baker in the Dime store. She was just standing at a counter waiting to have some paper napkins wrapped up. I heard that she is in the operating room here now, so I sauntered up, sort of casually, and asked her if Mrs. Jenkins is still here. She said, 'For all I know, she is.' All of a sudden, I decided that my family can use paper napkins, and there we stood, each clutching a bunch of paper napkins, neither one having a word to say. Well you know how comical Sue is. You can't make much sense out of what she says sometimes. I asked her what sort of an operation Mrs. Jenkins had. Now, imagine, I mean Sue, right in the operating room, where she sees everything that goes on, answering me like this, 'I don't really know.'

"Then I came right out with it, and I said, 'Well you had ought to know at least this much. Did they make an incision?' She hesitated a second as she took the package from the salesgirl. I knew darned well that I had her; she would have to tell me whether she wanted to or not.

"In sort of an absent-minded way, she said, 'Incision? You asked me if they made an incision, No. They blasted.' It didn't make much sense to me so I just said, 'Oh, is that all?' I happen to know for a positive fact, though, that Mrs. Jenkins has had some awfully expensive things removed, poor soul.

"I saw your husband last night. That man is one in a million. He certainly is devotion itself to you. He told me that if you have to stay here in the hospital much longer he will be tempted to jump in the lake. Frank would never miss me like that I can tell you. Probably, if we had four children like you it would make a difference, though. Even at that, my Frank would never be the father your Jim is. He would never stay up nights with two youngsters blazing all over with measles and crying for their mommy.

"I can't picture him having the courage your Jim had either. It takes more than money to drag a lovely little girl like your Gloria to the barbershop. Her lovely long curls must have been a lot of work for you, of course. It makes an awful difference in a child's looks. She looks so thin

and peaked now. I sort of fancied that Jim did not like it when I told him that she looks like a skinned chipmunk.

"Goodness, you're wiping your eyes. Have I said something? I supposed that your husband told you all about the children. With that cussed sign on your door, he probably doesn't dare stay long enough to tell you any of the trifles. Men are so queer. I always say that it helps a patient to hear what is going on, kind of takes their mind off their sickness.

"He told me that your heart has been real bad, and the doctor said you will need rest and lots of it. Goodness knows it must be peaceful enough to just lie there and have nothing to do but eat and sleep.

"Gracious, oh for heaven's sake why didn't you tell me! I thought your knees were propped up on pillows. Don't tire yourself reaching for the bell. I'll put your light on, and then I'll slide out before the nurse comes in.

"I'll be in again in a day or so. As long as you aren't allowed visitors, I'll come. I always said that is what real close friends are for. Now be sure to do everything the doctor tells you to. He should know what is best for you.

"I hope that I haven't kept you talking too much. I was never much of a talker myself; after all, someone has to do the listening. Oh dear, I can hear that nurse coming. Bye-bye until later."

PET PEEVES —by Frances Gibson, R.N.

Things I would eliminate
For the common good.
Things I would abolish
If I only could—

Lights that go unanswered,
Wilting, shedding flowers,
Noise in "QUIET" corridors,
Visiting hours.

THUMBNAIL THESAURUS V

ADJUNCT: "Auxiliary; assistant; a helper." (*Funk and Wagnalls*) This term is used in describing persons and services that are provided to assist in the care of patients.

NURSING. "The growing up process of tuberculosis control has brought with it many adjunct professions to which the official health department can turn—social service, occupational therapy, vocational counseling—all sharing this comprehensive program." (*R. J. Anderson & E. T. Blomquist, "Public Health Reports," Feb.* 2, 1951, *p.* 138)

ANCILLARY: "Subordinate; auxiliary; subservient." (*Funk and Wagnalls*)

NURSING. "Great difficulty has been encountered when the activities, particularly those authorized for practical nurses and ancillary workers, are changed by individual professional nurses who let employes perform tasks which are not authorized as part of their work." (*Charlotte Seyffer, "Principles of Supervision and Administration," "AJN," April,* 1951, *p.* 259)

AUXILIARY: "Conferring aid or help; assistant (not necessarily in a subordinate position)." (*Webster's*)

NURSING. "The Joint Commission for the Improvement of the Care of the Patient appointed a committee to consider the needs of civilians for nursing and auxiliary services during time of emergency and ways in which hospitals can meet these needs." (*Editorial, "AJN," Nov.*, 1950, *p.* 691)

CATEGORY: This comes from the Greek word meaning "accusation; assertion." But it doesn't mean this now! The dictionary defines it as "Any comprehensive class or description of things; one of several forms of knowledge that together embrace everything predicable or existent." (*Funk and Wagnalls*)

For usage, see below.

FUNCTIONAL: "Pertaining to the proper action of anything." (*Webster's*)

NURSING. The Joint Committee on Nursing in National Security states as one of its policies: "that military needs must come first; provided the military services agree on reasonable quotas, recruit personnel according to functional category and field of nursing, and make full use of men nurses and auxiliary workers." (*Joint Committee on Nursing in National Security, "Mobilization of Nurses for National Security," "AJN," Feb.*, 1951, *pp.* 78-9)

IMPLICATIONS: "Something implied or suggested." (*American Dollar Dictionary*) To im

THUMBNAIL THESAURUS V

ply means "to signify." As used in nursing the word "implication" usually means the significance of a thing.

NURSING. "There is much talk now about implications in everything. For instance, "If non graduate personnel come to be utilized more extensively and effectively, the implications for graduate nursing will be profound." (*Esther Lucile Brown, "Nursing for the Future," p.* 73)

PERSONNEL POLICIES or PRACTICES: These hard-working phrases have fascinating "implications for nursing" but are as much misinterpreted as stepchildren!

The important features of personnel policies (or practices) are: salaries; provision for board and laundry; hours of work; vacation and holiday time allowed; hospitalization and medical care arrangements; economic security, which includes social security privileges, pensions, annuity funds; conditions of work; and opportunities for professional growth.

NURSING. "It is imperative that personnel policies be designed to help make working conditions attractive and that salaries be adequate in order to compete with those paid to industrial production workers." (*Joint Committee on Nursing in National Security. "Mobilization of Nurses for National Security," "AJN," Feb.,* 1951, *pp.* 78-9)

SUBORDINATE: This word and the next one, subservient, are often used interchangeably, but they do not have the same meaning. It is all right to be subordinate because that simply means that you are in a position of lower rank or importance and under the authority of a superior. For instance, a staff nurse or a practical nurse is in a subordinate position in relation to the supervisor. It does not imply enslavement, as does the other word. For usage, see below.

SUBSERVIENT: This means "servile, excessively submissive or obsequious." (*American Dollar Dictionary*)

This is *not* the way for nurses or anyone else to behave.

NURSING. "People are willing to be subordinate to good leadership, but they are not willing to be subservient." (*F. Alexander Magoun, "New Ways in Personnel Administration," "AJN," Nov.,* 1946, *p.* 752)

SUBSIDIARY: "Furnishing aid; especially in an inferior position or capacity." (*Webster's*) This is the term that was popular a few years ago in describing the subprofessional workers—practical nurses, attendants, aides. The new term is "Assistant personnel."

In Commemoration

About two and a half years have passed since the dedication and opening of the Nurses' Memorial Chapel in London's Westminster Abbey. But this impressive tribute to the British nurses, midwives, and auxiliary workers who lost their lives in the late war has not been forgotten. In that interval, many visitors from all parts of the world have climbed the steep flight of stairs to view the Chapel. And what they see there reminds them once again of the spiritual and sacrificial nature of nursing.

The entire west wall of the Chapel is filled by a stained glass window. In the reproduction of the window on the opposite page, a nurse can be seen looking upward toward the Virgin Mary and the Christ Child. Directly over the nurse, on the rainbow, St. Luke the physician points to the Madonna and Child as if to guide her to Them. Above these more than life-size figures is the lamp of Florence Nightingale superimposed on the Red Cross; the crown of thorns encircling the lamp and the Red Cross symbolizes the sacrifice of the nurses.

The heart of the Chapel is a gilded bronze casket where rests the Roll of Honour. In this blue leather volume are inscribed the names of the more than 3,000 men and women who gave their lives "whilst caring for the sick and wounded." The casket lies on a marble altar slab and is flanked by a pair of gilded bronze candlesticks—the Queen's personal gift to the Chapel.

Although the Chapel, which is believed to be the only one of its kind in the world, is, in itself, an unusual memorial to nursing, it represents only part of the purpose of the British Commonwealth and Empire Nurses' War Memorial Fund. For this fund, half of which was raised by nurses and midwives, also provides the nursing and midwifery professions of the Commonwealth and Empire with traveling postgraduate scholarships. Thus, the Memorial Fund serves the living as well as the honored dead. In the words of Miss J. Elise Gordon, editor of the English nursing magazine, "Nursing Mirror," which launched the fund in 1946 and has since borne all administrative expenses, it "will have provided not only a memorial to British women and men who gave their lives, but a further link in the ever-strengthening chain of international friendship and cooperation."

Nursing the moribund

■ SHOULD ONE tell the patient he is dying? This question is parried in most nursing texts in this fashion: "If the nurse cannot refer the patient's questions to the doctor, she can tell the patient that no one knows if or when an individual will die, and that many persons have lived who have been as sick and tired as he appears." One seldom faces this question directly with a child. His concept of death varies with his age. He more often indicates in actions rather than words that he is afraid, and can be reassured by warm support rather than a superfluity of words.

While I was enrolled in the advanced psycho-pediatric program at the Yale University School of Nursing, I cared for individual children who were "problems" in management because of the behavior they exhibited and the complicated physical care which they required. A number of these children were critically ill and died. I was deeply impressed by this experience at the time and feel, in retrospect, that I would like to share with other nurses, my impressions of two of the children and their parents as we faced death together.

Helen was a five-year-old girl with acute rheumatic fever and cardiac decompensation. She had been hospitalized for ten days, and had been such an unreasonable, provoking child that I was asked to see what I could do with her. The entire team —doctor, nurse, and social worker— realized she was asking for some sort of special care with this demanding behavior, and that her cardiac status was being jeopardized.

The first day I cared for her, my brief, recorded impressions were that she was a seriously ill youngster who cried, screamed, and whined a great deal, especially when moved or offered some treatment or medication. She complained of sore joints, edematous labia, a sore right thigh. She was excessively demanding, seemed to want adults with her at all times. She engaged in a punishing sort of doll play, gave her doll in exaggerated form, the very treatment she had been receiving. She had me read from a collection of fairy stories, smiled only once, when the soldier-hero was worn in the giant's button hole like a flower. She was a potentially pretty child, had soft brown curls, big brown eyes, but wore a characteristic, "angry" expression.

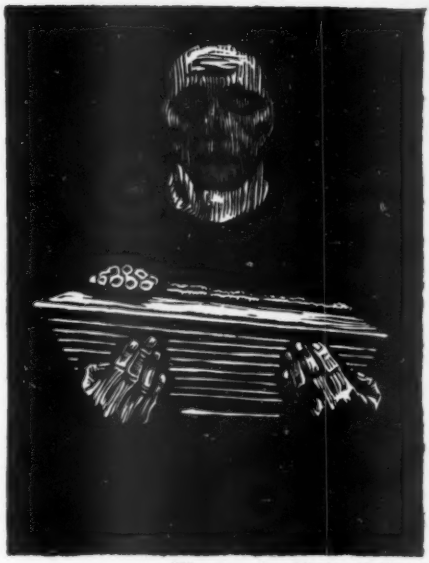
I learned that she had a younger sister, age three, that her parents lived quite a distance away, and could not visit daily. Her parents said that she had been a moody child at home, often refusing to speak or eat. She had been quite demanding and bossy with her sister and playmates. I was glad to have this last bit of information, for apparently her behavior in the hospital was an exag-

by Faith E. Jensen, R.N.

geration of a pattern she had established at home, and not entirely a reaction to a new and frightening situation.

I cared for little Helen over a two-week period. As we got better acquainted, she talked a great deal about her home and family and about being sick. She seemed to relax with adults and accepted treatments more readily. There were some days when she seemed somewhat improved, but one day her heart simply "gave out," and it was apparent to all concerned that Helen was dying. She was placed on the danger list and her parents were informed. They "took it hard," had felt when they had visited earlier in the week, that she was "doing so well." Helen's father, who refused to see her, paced up and down in the hospital waiting room, asking each doctor he saw, "Can't you do something?" Her mother wept quietly in a corner of the hospital room. Helen seemed conscious of her mother's presence, and asked to hold her hand every so often. She talked constantly, relating incidents from her past. She recognized her nurse, asked her to get some oatmeal. Finally, like a clock that runs down, she talked more and more slowly, then just stopped.

I comforted her parents as best I could. Her mother was particularly concerned about how she would explain this tragedy to her three-year-old. She thought it might be easier to say that Helen was visiting her grandmother. I asked what the child's concept of an afterlife might be, suggested, since they seemed to be a strongly religious family, that perhaps she could tell her three-year-old that Helen was feeling better now, and was up in Heaven playing.



Woodcut by Kathe Kollwitz

The second patient who comes to mind was a fourteen-year-old boy who had developed septicemia following an operation for coarctation of the aorta. He seemed depressed, needed constant nursing care, and so I was assigned his case. I was with him for two weeks.

Initially, he appeared to be a somewhat reserved young man, but friendly. I found he talked easily. He told me he slept well at night, rarely dreamed. He ate very little breakfast, said "I've got no appetite." He had no complaints of nausea. He said

he preferred his mother's cooking to hospital food, "She's a good cook, bakes for a restaurant." He told me he had a brother a year older, and two younger sisters, ages 12 and 13 years. "They get all the breaks and stay home. I'm the only one who has always been sick."

He described his operation and several treatments, like catheterization of the heart, in some detail and with considerable understanding. He told of his numerous hospital admissions and the year he had spent at a children's convalescent center. He said that he felt better since the operation, "More like living." He hoped that he'd be able to take part in the active sports, like swimming, that had been prohibited heretofore.

As Francis and I got better acquainted, I learned that he had real musical aptitude. We provided him with a guitar and he strummed away and sang by the hour. He had fun doing small "experiments," and couldn't seem to make up his mind whether to be a musician or a physician when he grew up. He was disdainful of good books, preferring comic books. The visiting schoolteacher discovered he had a specific reading disability and coached him in an understanding way. He was excited to discover the new world Robin Hood and similar adventure stories opened up to him, would even attempt to read a chapter we had gotten half way through, to learn how it came out.

It was my original intention to find out just what Francis' intellectual and emotional understanding of his illness and limitations was, and to fill in some of the gaps. I hoped he could get remedial help in reading when he returned to school, and that I could learn more of his family situation and what this period of adolescence held for him.

These long-range plans changed dramatically when Francis took a sudden turn for the worse the second week I was caring for him. He had been receiving tremendous doses of I.V. penicillin several times a day, but lethal quantities of streptococcal organisms were still found in his blood stream. He was placed on penicillin by constant I.V. drip and, in addition, given other antibiotics. Since he was much too ill to converse, I acted in a purely supportive way. I made him as comfortable as I could, then sat by his bed, humming or just holding his hand or rubbing his back. He did not want to be left alone for a moment, in fact, grew panicky when he was. He did not remain comfortable for long, and made constant demands of the nurse. I grew "weary in well doing" but realized that perhaps some of this demandingness was an attempt to keep me with him.

I was not at all prepared for his sudden death. I had thought that this was a stormy postoperative course, and that he would certainly pull through. I encouraged him until the very end, although his attitude of complete resignation might have warned me of the very different outcome. He said "I'll never get well. I'll never leave this place."

His mother visited that last after-

noon, bringing some of her son's favorite foods. She sat beside his bed, urging him to pray. Later she asked, "He's no worse today is he?" She said she had seen the doctor on her last visit and he had assured her they were fighting this blood stream infection with every resource available. I told her we were still fighting for him, that he had been extremely restless this afternoon, and that her visit seemed to have had a wonderful effect. He fell asleep, fingering his rosary.

I learned that early that evening he had called for help, and said he had felt something snap inside. His suture line had ruptured. He died in a very few moments.

I wrote his mother telling her I had left him saying his prayers, and enclosed some letters he had been dictating that week. She answered some time later, saying how much it meant to her to know he had been "at peace" when he died.

Now, let us discuss, in an objective way, the three main characters in this drama of death:

In both cases, these children seemed to be aware of approaching death. They indicated this awareness by a change in behavior. Both were increasingly depressed, irritable, and demanding as their days drew to a close. This behavior was enough to "try one's soul," and might have driven the nurse farther away instead of keeping her near at hand. During a crisis, we all turn to

A LITTLE LAMP

by Margaret H. Goehring, R.N.

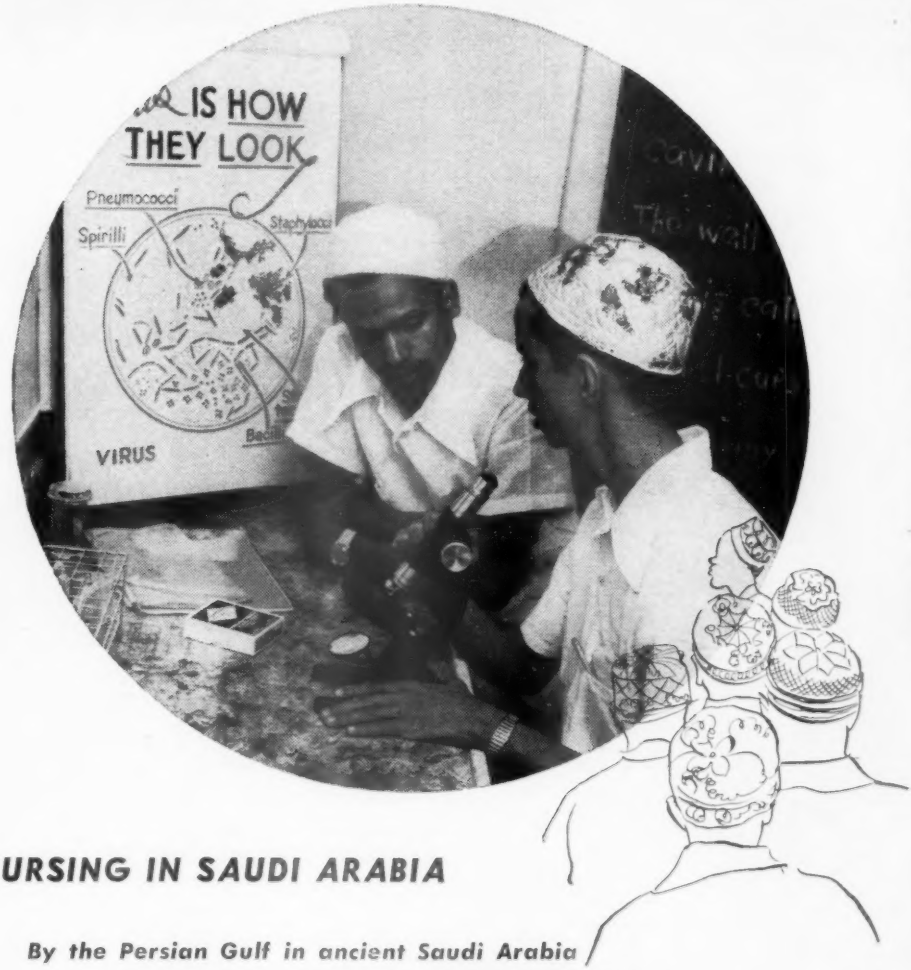
A little lamp can give a lovely light,
Beaming from one small spot to span the earth,
Leaving behind the dreadful powers of night,
Illuming the scenes of death and birth.
One woman with an outstretched loving hand,
A heart that pities and a soul that gives—
Can light a searching beacon in the land
And teach a world that, still, compassion lives;
When grim disaster strikes and wars alarm,
That lamp, now multiplied a thousandfold,
Can pass from hand to hand, its gleam bestow
On rich and poor, beneficence so warm,
So bounteous and free, that all the cold
And fear of man, can vanish in its glow.

basic things, and this was a period of physical, emotional, and spiritual crisis for these children. Francis had a strong religious faith to give him security. Helen, who was younger, had only the physical presence of a parent or her nurse.

The parents' reaction to a crisis of this sort will be as varied as their personalities. Their immediate reaction will perhaps be more dramatic than will their ultimate feeling. Helen's parents knew she was ill, but assured themselves that she would get well when they saw small signs of improvement. Her death came as a shock to them. Her father refused to see her, and implied by his anxious questioning of each doctor that this might have been avoided had the doctors "done more." He was externalizing his feelings; this made them more bearable. The mother wrung her hands and blamed herself. She was internalizing her feelings. Both needed to be helped to recognize the reality of the situation. Francis' mother suspected something was wrong that last afternoon she visited. One can imagine her exclamation as she heard the news, "Oh, I knew it. I should have stayed." Eventually, though, she could comfort herself with the thought that she had done her best. She had visited, brought in his favorite foods, and left him in prayer.

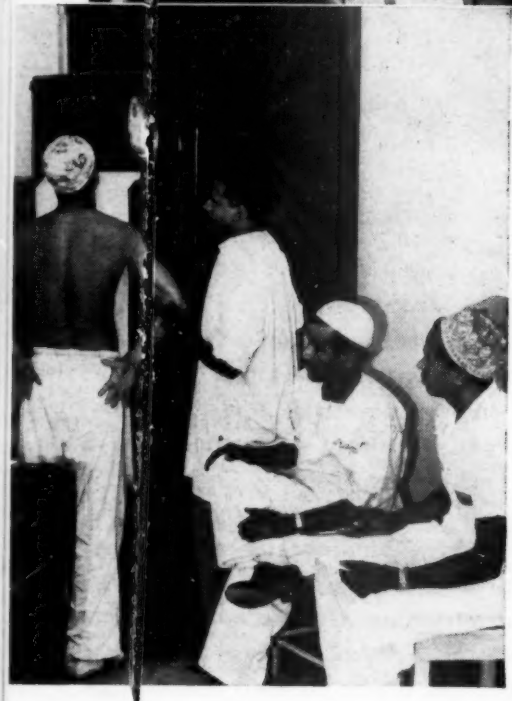
The attitude the nurse brings to the drama of dying and death will depend on her past experience and her present philosophy of life. Perhaps she had a loved one pass away. Perhaps this helped motivate her to come into nursing. She may want to prevent such a tragedy, feel defeated if one of *her* patients dies. Or, she may take a more realistic attitude, recognize the limitations and suffering that often accompany illness, and say with the poet, "Oh come, sweet death." In any event, she should be alerted to the signs and symptoms of impending death even as she is to shock and hemorrhage, so that she may adjust in her thinking to what is ultimate and at the same time continue the fight to preserve life. She may then realize that an irritable youngster who says, "leave me alone," may not mean that at all. She will assure him that because she likes him she won't just "let him be" but will be there to help him. She may then be better equipped to offer distraught parents the support they so often need: small kindnesses like a glass of milk, a place to rest while they keep their all-night vigil, and if they have been ordered out of the sickroom, at least an understanding smile as she rushes past.

When I was a young student, a kindly old nurse told me, after my first patient had died, "Don't have any regrets, my dear. You helped make her last hours more comfortable." I've always felt this was good advice. I believe that rather than getting "hardened" to death, you can grow more sensitive to the dying patient's needs, his parents' needs, and more aware of your own feelings in the situation—and with this added sensitivity, more comfortable in the face of death.



NURSING IN SAUDI ARABIA

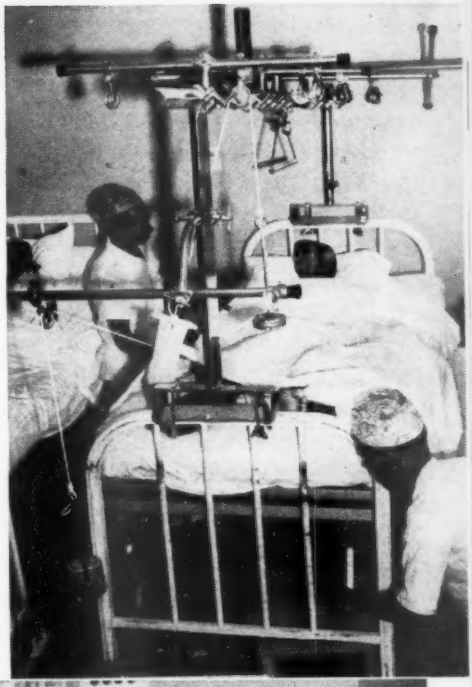
By the Persian Gulf in ancient Saudi Arabia
stands the up-to-date Dhahran Health Center
established by the Arabian American Oil Company.
Here midst the gleam of modern American equipment,
you might for the moment forget just where you were
and imagine you were back in the States.
But listening to the soft murmer of Arabian voices
of the alert students with embroidered caps
you'd be transported back to the Dhahran Center
where a selective group of young Arabian men
are learning the varied skills of practical nursing
to safeguard the health of their people.



▲ **Life-size plastic mannequins showing the sites of various organs serve as effective visual aids in the education of Dhahran Health Center's trainee practical nurses. The students' elaborately embroidered hats have no connection with nursing, for these are traditionally worn by most of the nationals of Saudi Arabia, whether nurses or not.**

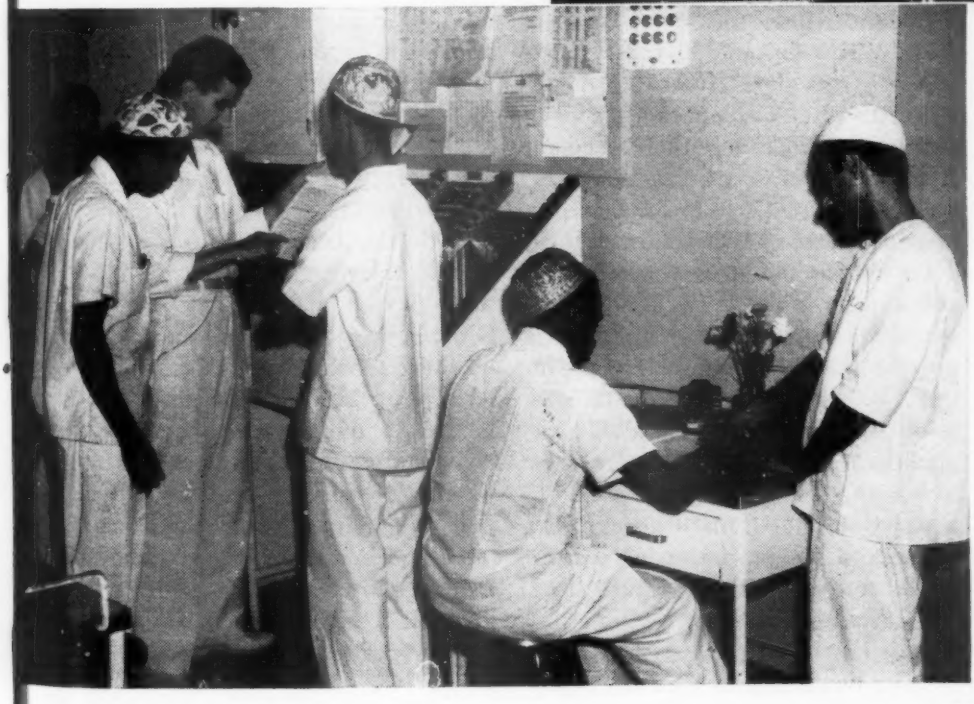
◀ **The three-year curriculum of the Saudi students features a course in x-ray technique. Although this and numerous other skills are taught in the program which was launched three years ago, graduates are certified as practical nurses. To earn the equivalent of our R.N., they must continue their education in hospitals in Lebanon or elsewhere.**

The Saudi nurses are as conscientious in their work on the wards as they were in their earlier classroom instruction. Only men enter the Dhahran Center's practical nursing program since the sheltered Arabian women, who still wear the purdah—a veil covering the face—adhere to the custom of not going outside the home for employment. ➤



A hospital supervisor explains the system of filing in-patient history cards to the men nurse trainees. This modern Health Center provided 400,000 out-patient treatments last year and cared for over 7,000 hospitalized cases. It maintains a medical staff of some 651 persons, more than half of them Saudi Arabs. ➤

—by Evelyn T. Pastore, R.N.



Helminthiasis

■ WORMS—or helminths as they are euphemistically called in medical parlance—are not a particularly popular subject. People just don't talk much about them. As a result, it may come as somewhat of a surprise to learn that an estimated 800 million persons suffer from some sort of intestinal worm infestation.

There are three different groups of worms parasitic to man—the roundworms (nematodes), the tapeworms (cestodes), and the flukes (trematodes). A number of our servicemen stationed in Oriental countries have contracted schistosomiasis, a disease caused by the various types of schistosoma or blood flukes. However, human trematode disease is still a rarity in the U.S. although the other two types of helminthiasis are prevalent. The mature forms of these differing species vary in size from tiny organisms to the beef tapeworm which may be several feet in length. Most of the parasites are ingested in the form of ova or as larvae and develop into adult worms in the intestines; the helminth does not, as a rule, multiply within the human host.

Roundworms such as the *Trichinella spiralis* may be barely discernible to the naked eye or they may reach the size of the ordinary lead pencil as does the large roundworm or *Ascaris lumbricoides*. In North America, the most troublesome roundworms include the pinworm, the ascaris, the hookworm, and the trichinella.

It has been estimated that 18 million Americans suffer from pinworm infestation which follows the ingestion of pinworm ova. After the ova have hatched, the adult worms live in the small intestine until the time comes for the females to deposit their eggs. The females then journey to the cecum and colon and deposit their eggs in the rectum, the folds of the anus, vulva, and the perianal skin. Small children afflicted in this manner, are often particularly disturbed by the almost unbearable itching that results. In heavy infestations, loss of appetite, insomnia, nervousness, abdominal pain, and a loss in weight may occur.

To make matters worse, the ova may be carried to the mouth by contaminated fingers and swallowed, thereby re-infecting the individual. To prevent such re-infection, care-

ful attention should be given to scrubbing the hands and nails. It is also a good idea to boil contaminated bedding and clothing or press them with a hot iron. Because the infection usually runs the gamut of the family, including adults, it is frequently necessary to treat all members of the family at the same time.

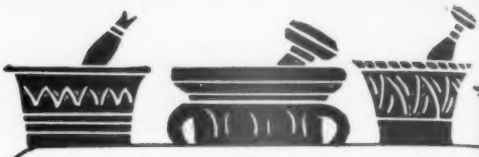
Like pinworm, ascariasis is a roundworm infestation of wide distribution which develops when ova containing viable embryos of the large roundworm are swallowed. After these eggs hatch in the small intestine, the larvae make their way through the intestinal wall into the lymphatics or venules of the mesentery. From here, they travel via the circulatory system to the lungs where they are deposited and where many of them burrow into the alveoli. After a period of growth, they ascend the respiratory tract and are swallowed. Upon reaching the intestinal tract once again, these larvae develop into mature worms. The female ascaris lays an enormous number of eggs—from 100,000 to 200,000 daily—which are excreted in the feces. These ova are highly resistant to drying and changes in temperature and have remained viable in soil for as long as 14 months. Tracked into the house by muddy feet, the ova are often found in the sweepings of rural homes where they constitute a source of infection for young children.

Although ascariasis is usually asymptomatic, abdominal discomfort, nausea, colic, and anorexia may appear in heavy infestations. When it is aroused, as in the presence of fever—for the ascaris cannot stand increased temperatures—this parasite may emerge from any of the body openings. It has been known to travel to the common gall duct and the appendix and sometimes an intestinal obstruction develops when large numbers of the worms become entangled. The diagnosis of ascariasis depends upon the finding of ova in the stools, and a prime requisite in the prevention of this disease is the proper disposal of human feces.

As in the case of ascariasis, hookworm disease flourishes in regions with feces-polluted soil. Its outstanding victims appear to be malnourished white children living in rural areas; Negroes are relatively immune. In the U.S., the *Necator americanus* is the most commonly encountered of the various hookworms. This helminth differs from the ascaris and the pinworm in that its ova develop into larvae outside the human body. In order to survive, these larvae require moisture, warmth, and soil of loose texture—conditions such as are found in the sandy coastal regions of the South. Persons who go barefooted in these areas are particularly prone to hookworm disease. The larvae burrow through the skin and gain access to the peripheral blood vessels; itching and edema nearly always develop at these points of entry. Then, following the same route as the ascaris, the larvae finally reach the small intestine [*Continued on page* 65]

by Althea Powers, R.N.

Drug Digest



Methylrosaniline Chloride U.S.P.

(Anthelmintic)

PRODUCT NAMES: Methylrosaniline chloride is commonly known as gentian violet. It is usually distributed in the form of enteric coated tablets or in solution.

PHARMACOLOGY: Methylrosaniline chloride is the preferred drug in the treatment of pinworm and certain fluke infestations. It is also employed against strongyloidiasis; the strongyloides is a roundworm found in tropical and subtropical regions. Methylrosaniline chloride is irritating to the gastric mucosa but not to the intestinal mucosa. For this reason, enteric coated tablets are usually employed.

DOSAGE: The usual adult dosage of methylrosaniline chloride is 60 mg. three times a day for a period of 8 to 10 days. The drug is given one hour before meals. Children receive 10 mg. daily given in divided doses for each year of **apparent** age. When the infestation involves the upper intestinal tract as it does in strongyloidiasis, 25 cc. of a 1 per cent solution of methylrosaniline chloride may be administered by means of a duodenal tube. One to three intubations may be required.

UNTOWARD ACTIONS: Nausea, vomiting, diarrhea, and abdominal pain sometimes follow the administration of methylrosaniline chloride. However, these symptoms soon disappear when the dosage of the drug is decreased or treatment is discontinued for a brief period of time. Contra-indications include concurrent ascariasis, and severe cardiac, renal, or hepatic disease as well as serious gastro-intestinal disorders. Abstinence from alcohol is advisable during treatment with methylrosaniline chloride since alcohol increases the absorption of this drug from the gastro-intestinal tract.

Hexylresorcinol Pills. U.S.P.

(Anthelmintic)

PRODUCT NAMES: "Crystoids" Anthelmintic.

PHARMACOLOGY: Hexylresorcinol was first employed therapeutically as a urinary antiseptic. In 1932, it was discovered that this drug was particularly efficacious against ascaris infestations. It is also of value in the treatment of hookworm and tapeworm disease. The pills, which have a tough gelatin coat, are available in 0.1 Gm. and 0.2 Gm. sizes.

DOSAGE: Adults and children over 12 receive 1 Gm. of hexylresorcinol administered orally in divided doses. A dose of 0.6 Gm. is recommended for children from 6 to 8 years of age and a dose of 0.8 Gm. for children from 8 to 12. The drug is given early in the morning. A light supper only is allowed the night preceding treatment and breakfast is omitted. No other preparatory treatment is necessary. Food is withheld for at least four hours after hexylresorcinol has been taken since presence of food is thought to interfere with the action of the drug. A saline cathartic is given on the morning of the day following the administration of the drug. Courses of treatment with hexylresorcinol may be repeated after an interval of several days.

UNTOWARD ACTIONS: Hexylresorcinol is probably the least toxic of all the anthelmintics, for it does not cause systemic poisoning. However, when given in repeated doses, the local irritant action of the drug may cause gastro-intestinal irritation and necrosis of the small intestine as well as injury to the heart and liver. Because of this irritant action, care must be taken to avoid chewing the capsule or ulceration of the mucous membrane of the mouth may ensue. Alcoholic beverages are not to be taken concurrently with hexylresorcinol.

Aspidium Oleoresin U.S.P.

(Anthelmintic)

PRODUCT NAMES: Distributed under official name.

PHARMACOLOGY: Oleoresin of aspidium is a thick, dark-green liquid prepared from the male fern. Considered the drug of choice in the treatment of tapeworm infestation, aspidium is of little use in other types of helminthiasis. Since aspidium does not kill but only paralyzes the worm, purgatives must be administered following treatment with this drug in order to flush the inert worm from the intestines.

DOSAGE: The adult dose of aspidium is 1 to 5 Gm.; children under 10 years of age may be given 0.5 Gm. for every year of **apparent** age. However, the use of aspidium is not considered advisable where children or debilitated adults are concerned. Aspidium is usually administered in gelatin capsules of 0.5 Gm. each, taken at hourly or half-hourly intervals until the total dose is reached. Since fats increase the absorbability of the drug, a fat-free diet is usually prescribed for two days preceding treatment. A saline cathartic is given on the night before treatment as well as two hours after the last dose of aspidium has been administered; an enema may also be ordered following treatment. The drug is taken on an empty stomach. A second course of aspidium is never given until after an interval of 7 to 10 days.

UNTOWARD ACTIONS: The usual anthelmintic dose may give rise to nausea, vomiting, abdominal cramps, and diarrhea. If absorbed from the intestinal tract, severe toxic manifestations pertaining to the central nervous system, the liver, heart, and kidneys may result. These include yellow vision, blindness, muscle cramp, convulsions, coma, circulatory and respiratory depression, and collapse. Aspidium is contra-indicated during pregnancy as well as in the presence of intestinal ulcerations and diseases of the liver, kidneys, and heart.

Tetrachloroethylene Capsules U.S.P.

(Anthelmintic)

PRODUCT NAMES: Distributed under official name.

PHARMACOLOGY: Tetrachloroethylene is particularly effective in the treatment of hookworm disease for it destroys the ova as well as the mature worm. Because of its low toxicity, tetrachloroethylene—although somewhat less efficient—is considered preferable to carbon tetrachloride in the treatment of hookworm disease. Tetrachloroethylene capsules are available in 0.2, 0.5, 1, 2.5, and 5 cc. sizes.

DOSAGE: The usual adult dose is from 1 to 3 cc. given in gelatin capsules; children are given 0.3 cc. for each year of **apparent** age up to the adult maximum. A fat-free supper is prescribed the night before, and breakfast is omitted on the morning of, treatment. A saline cathartic is given at bedtime the night preceding administration of the drug and is repeated two hours after tetrachloroethylene has been taken. If necessary, a second course of treatment may be given following an interval of 10 days to 2 weeks.

UNTOWARD ACTIONS: This drug is relatively non-toxic in therapeutic doses. If the drug is absorbed from the intestinal tract, however, vertigo, nausea, drowsiness, and even coma may ensue; fats and alcohols are eliminated from the diet of the patient about to undergo treatment with tetrachloroethylene, since the absorption of the drug increases in the presence of these substances. Tetrachloroethylene is not given in ascaris infestations because it increases the activity of these parasites thereby causing various unpleasant complications. It is also contra-indicated in inflammation of the gastro-intestinal tract, severe anemia, alcoholism, and severe debilitation.

Reviewing the News

► MAY IS THE MONTH of the annual United Cerebral Palsy drive for funds. This organization and its more than 100 affiliates and subaffiliates in 33 states are seeking to raise $7,500,000 during the campaign. United Cerebral Palsy and its affiliates provide for research and the training of skilled personnel, as well as for the care of individual patients. Leonard H. Goldenson, national president of the organization, stated recently that "only a fraction" of the nation's 550,000 palsied children and adults now receive proper treatment.

► A TRANSFUSION TEAM is now a permanent part of the hospital service at Presbyterian hospital, Chicago. The team consists of four R.N.'s, three medical students, and five technicians, all of whom have been specially trained for their work. Known as the Transfusion Therapy Service (T.T.S.) the team is jointly responsible to the hospital pathologist and to the director of nursing service. T.T.S., under the supervision of Celia Stallings, R.N., serves all patients except those in the obstetric and pediatric departments. Available seven days a week on a round the clock schedule, T.T.S. reported 928 blood transfusions administered; 3,564 intravenous fluids started; 7,891 blood samples drawn for laboratory tests; and 355 miscellaneous services during its first six months of operation. Student nurses at Presbyterian receive instruction in these procedures from members of the T.T.S. team.

► COMPULSORY LICENSURE of all who nurse for hire is asked for in a bill introduced in the New Jersey State Assembly by Mrs. Marie F. Maebert, (R), assembly woman from Essex County. Applying to both registered and practical nurses, the bill contains a waiver clause to protect nurses now practicing. The current law in New Jersey only protects the use of the initials "R.N."; it does not demand licensure of those engaged in nursing. Among supporters of the bill are: the New Jersey State Nurses Association; the Licensed Practical Nurse Association of New Jersey, Inc.; Business and Professional Women's Clubs; the Attorney General; the Commissioners of Civil Service and the State Department of Health; the Executive Director of the Department of Law and Public Safety; the New Jersey League for Nursing; and the New Jersey Industrial Nurses Association, Inc. . . . A bill calling for the licensure of practical nurses in West Virginia died in the House Committee on

Health following an open hearing. Agreement upon the provisions of the bill proved impossible and representatives of the West Virginia State Nurses Association, the West Virginia Practical Nurses, Inc., the West Virginia Hospital Association, and the West Virginia State Medical Association agreed to postpone the introduction of any bill affecting practical nurses until the 1955 session of the legislature. In the interim, the matter is to be studied by all the groups concerned. The rejected bill provided for a Board of Examiners for practical nurses composed of all the members of the present Board of Examiners for registered nurses with the addition of only two duly licensed and qualified practical nurses.

▶ CAPITOL COPY: Rep. Frances P. Bolton (R-Ohio) has introduced a bill, H.R. 3850, in the House asking for financial aid to schools of nursing. The bill, which is similar to that introduced by Mrs. Bolton last June, would authorize grants to the states to help schools of nursing meet the increased costs of instruction and to provide scholarships to deserving nursing students newly enrolled in both the registered and practical nurse fields. The bill asks that $5 million be set aside for this purpose

Four of the doctors and nurses who will work with repatriated prisoners of war in Korea's "Freedom Village" a half-mile from the UN peace camp at Munsan are shown upon their arrival at the village site. Left to right: Maj. Edna Nelson, Hallock, Minn.; First Lt. John Evans, Wilmington, N.C.; Capt. Anna E. Smith, Mahonoy Plane, Pa.; and Capt. Eileen O'Dwyer, Indianapolis, Ind. (APWIREPHOTO via Tokyo from Wide World Photos)

during the first year; $10 million during the second year; and $15 million the third year . . . Both the House and Senate have approved President Eisenhower's plan to set up a special Department of Health, Education, and Welfare with cabinet rank. The position of a Special Assistant to its Secretary for health and medical affairs has been created and speculation is rife as to whom the president will nominate to fill the position as well as to the duties and responsibilities of such an official. The appointment will be subject to Senate confirmation . . . The Food and Drug Administration points out in its annual report that 80 per cent of criminal actions alleging drug violation in 1952 involved illegal sales of prescription drugs. Barbiturates and amphetamines are the chief offenders on the list.

▶ A POLIO VACCINE capable of raising in human beings levels of antibody to all three types of polio virus has been developed by Dr. Jonas E. Salk and associates at the University of Pittsburgh under a grant of the National Foundation for Infantile Paralysis. Preliminary tests, involving the inoculation of more than 160 children and young adults, show that the amount of antibody resulting from vaccination compares favorably with that developing after natural infection. In fact, the antibody formation induced by the vaccine has persisted at least four and one-half months—the longest interval observed thus far. Cautiousness is the keyword, however, in polio research, and Dr. Salk states that "although progress has been more rapid than we had any right to expect, there will be no vaccine available for the next polio season."

▶ NEWSLINGS: The most common daily room rates charged in all U.S. general hospitals in 1952 were $12.23 for a single room, $9.68 for a two-bed room, and $8.24 for a multi-bed room, the AHA annual study of hospital rates reveals . . . The Chinese Nursing School, Taiwan, Formosa, is the recipient of $120,000 from the National Federation of Business and Professional Women's Clubs, Inc. . . . No nurses will be promoted to the rank of commander during the current fiscal year, the Navy has announced. As of November, 1952 there was one commander for about every 153 nurses in the Navy; one lieutenant colonel (equivalent of commander) for about every 92 nurses in the Army . . . During 1952, 15 mission hospitals were staffed and 260,000 patients were cared for by 125 Medical Mission Sisters—doctors, nurses, pharmacists, and technicians. In addition, the Sisters trained over 180 student nurses and midwives.

▶ ABOUT PEOPLE: *Grace E. Marr* is the new assistant executive secretary for the Intergroup Relations Unit of the ANA. Miss Marr has served as staff nurse, assistant science instructor, and educational director at Harlem Hospital and School of Nursing. She has also been employed as assist- [*Continued on page* 75]

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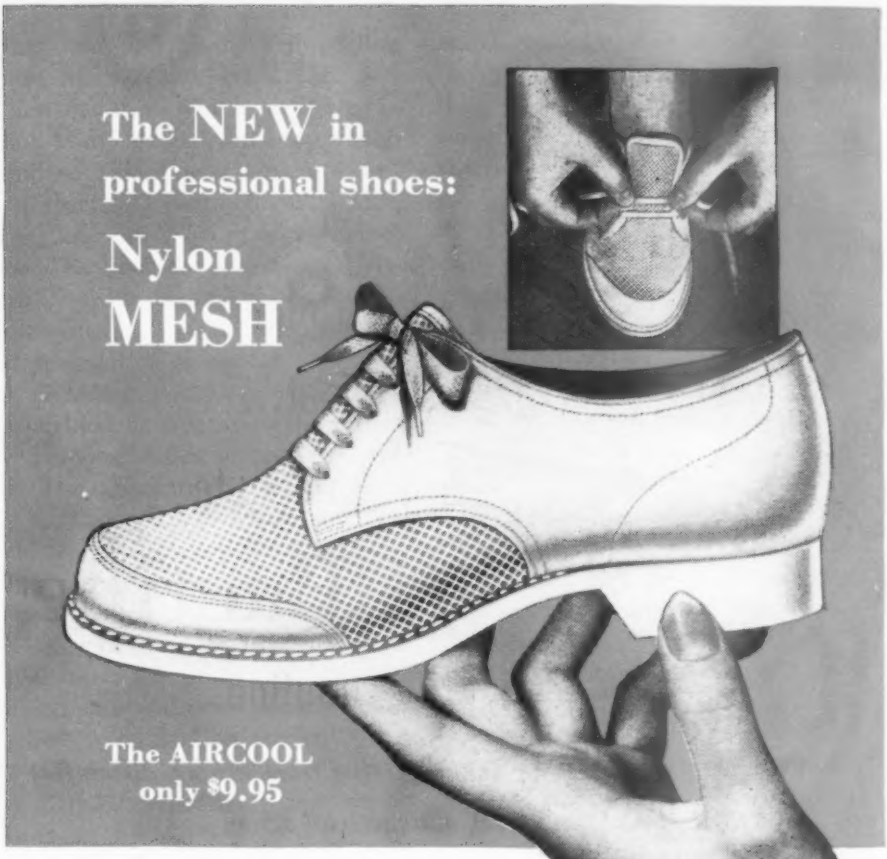

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Helminthiasis

[*Continued from page* 57]

and the eggs of the female parasite are excreted in the feces.

The adult hookworm—which may measure from 0.5 to 2 cm.—lives by sucking blood from the intestinal wall; moving from place to place, it leaves a trail of tiny wounds in its wake. Due to a hemolytic toxin secreted by this worm, these wounds may bleed for hours. If only a few worms—25 or less—are present, the infection usually remains subclinical, but if large numbers of these parasites have invaded the body, a severe anemia may develop which, in some instances, proves fatal. For this reason, persons undergoing treatment for hookworm disease are generally given a supplementary course of iron therapy. As the disease increases in severity, the energy and endurance of the patient is further tried. He appears tired most of the time and seems incapable of hurrying; dyspnea upon exertion is not uncommon. Sometimes strange cravings for dirt, clay, hair, and other inedible objects may arise. Animal experimentation indicates that, in properly nourished individuals, hookworm infection is usually followed by active immunity. However, this relative immunity disappears if the individual is deprived of certain essential nutritional elements—especially vitamins A and B complex.

In contrast to hookworm disease, which is now on the decline, trichinosis—a disease caused by the smallest of roundworms—is said to be the "greatest uncontrolled public health problem in this country."* Trichinella cysts have been found in over 10 per cent of all adults who come to autopsy although less than one per cent have had a history of trichinosis. The causative organism —*Trichinella spiralis*—has an odd life cycle. Man contracts this disease, which is usually confined to pigs, only when he has eaten infected meat. As with the other helminths, the adult worm inhabits the intestines. The female worms penetrate the intestinal mucosa and deposit the larvae which find their way into the lymphatics and hence to all parts of the body. These larvae are especially attracted to the skeletal muscles where they become encysted and are able to remain alive, even though inactive, for a number of years. When infected meat is eaten, the gastric juice dissolves the cysts and liberates the larvae which soon grow into adult worms.

Trichinosis symptoms vary in accordance with the number of trichinella ingested. Fortunately, the majority of trichinosis cases are mild. The first symptoms may be those of acute food poisoning followed by excruciating pain in the striated muscles—especially in the muscles of speech, mastication, swallowing, and respiration. Edema of the face and a remittent fever which may reach 105° F. are characteristic as is eosinophilia which is present in most instances. The symptoms sub-

*Amy Frances Brown, R.N., M.S., *Medical Nursing*, 2nd ed. (Philadelphia: W. B. Saunders Company, 1952) p. 943.

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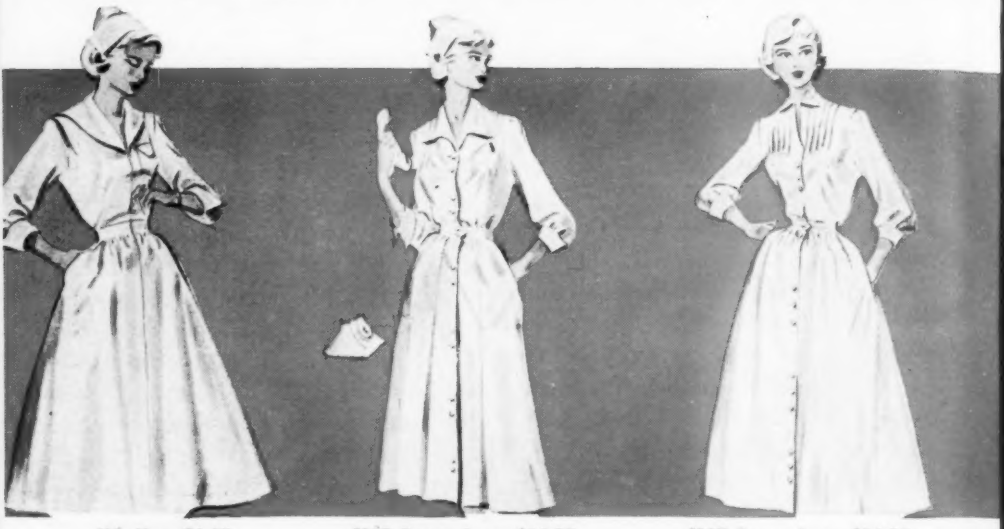

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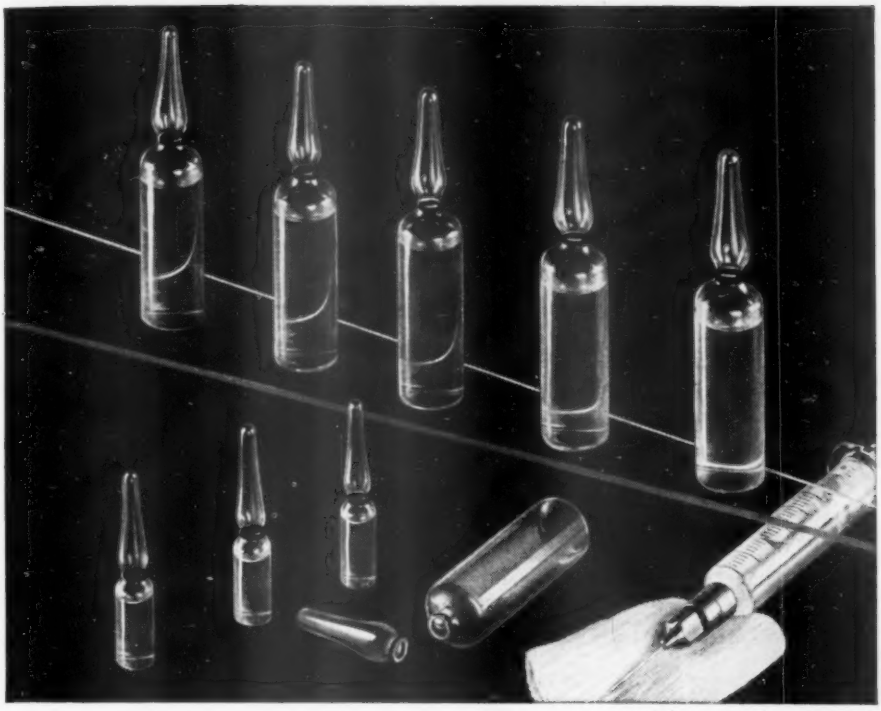
side when the mother worm dies and the larvae have become encysted. Trichinosis is fatal in from 6 to 16 per cent of the severest cases.

In most types of helminthiasis, certain drugs are available which will either kill the worm or cause its expulsion from the intestinal tract. As yet, however, there is no specific treatment which will rid the body of trichinellae, and the control of this disease depends entirely upon the observance of certain preventive measures. These measures are based on the fact that the larvae in the muscles cannot tolerate temperatures of 55° C. (131° F.) or above. Consequently, the cooking of pork at a minimum temperature of 140° F. is advocated in order to destroy any larvae which may exist. Regulations have also been enacted stipulating the thorough cooking of all municipal garbage before it is fed to hogs; otherwise, the pig may contract trichinosis from the bits of raw pork which may be in the garbage.

Ingestion of infected meats is also responsible for the transmission of the more common types of tapeworm disease. Tapeworms are flat, segmented worms, each segment of which possesses the ability to carry out all the functions of life. When the segments reach a certain stage of development, they are shed and passed in the feces. These discarded segments contain mature eggs which, when swallowed by an intermediary host, develop into larvae. The larvae, in much the same manner as the trichinellae, finally settle in the muscles where they become encapsulated. When the in-



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fected animal is eaten by man—who acts as the permanent host—the larvae break out of their capsules and form the head of a new tapeworm which soon grows to its full size. The full-grown beef tapeworm, the most commonly found tapeworm in the U.S., may be 12 to 20 feet long.

Pork tapeworm and fish tapeworm, although encountered in this country, are more prevalent outside the U.S. In recent years, however, fish tapeworm has been found among residents of the Great Lakes area. There is still another form of tapeworm—the dwarf tapeworm—which, unlike other tapeworms requires no intermediate host; its life cycle parallels that of the pinworm. This tapeworm is found in the southern Appalachian area of the U.S. as well as in foreign countries.

Symptoms of tapeworm infestation are usually insignificant although a form of anemia somewhat like pernicious anemia is frequently associated with the fish tapeworm. There may be an increase in appetite or vague digestive disturbances. Treatment of the disease is directed toward the expulsion of the head of the parasite for otherwise new segments will grow and, in 3 to 6 months' time, a whole new worm will form. In order to facilitate the search for the head, stools should be passed into warm water and strained through gauze. All segments passed in the stools should be burned. Other precautionary measures include the thorough cooking of beef and pork and consumption of government inspected meat only.

Aspidium is usually considered

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the drug of choice in tapeworm therapy although Atabrine has also proved effective in recent years. Agents which either kill the parasites (vermicides) or cause their expulsion from the body (vermifuges) are known as anthelmintics. One drug may act both as a vermicide and a vermifuge. There are a number of anthelmintic drugs, four of which—aspidium oleoresin, tetrachloroethylene, hexylresorcinol, and methylrosaniline chloride—are discussed in *Drug Digest*, page 58.

In almost all instances, a saline cathartic is given the night preceding anthelmintic treatment. Breakfast is usually withheld and the anthelmintic is given early in the morning with a saline cathartic administered again within 2 to 4 hours after the last anthelmintic dose. In addition, a tap water enema may be ordered. Following treatment, the stools are saved for a period of hours. Patients undergoing this somewhat rigorous treatment should be confined to bed for they are likely to feel weak from lack of food and the effect of the cathartic; there is also the possibility of toxic effects from the anthelmintic drug itself. The amount of drug absorbed from the intestines may be increased in the presence of fats or alcohol. For this reason, abstinence from alcohol for two to three days prior to treatment and a fat-free diet the night preceding treatment are sometimes recommended. Fasting is deemed advisable from the time the first dose of cathartic is given until after the first large bowel movement fol-

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1. Heimer, C. B., Grayzel, H. G. and Kramer, B.: Archives of Pediat. 68:382, 1951.
2. Behrman, H. T., Combes, F. C., Bobroff, A. and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.

lowing therapy inasmuch as food in the intestinal tract appears to interfere with the action of the drug. However, the patient may have orange, lemon, and lime juice, water, and black coffee with sugar during this period. To protect the liver from the toxic effects which result when certain of the anthelmintics are absorbed, it is well to provide a diet rich in carbohydrates before and after therapy. As a rule, anthelmintics are given with caution or not at all in the presence of high fever, acute nephritis, acute hepatic, cardiac, or pulmonary involvement, pregnancy, or acute alcoholism.

The patient suffering from helminthiasis deserves watchful and sympathetic nursing care. He undoubtedly finds the idea of helminth infestation even less attractive than does his nurse, and the regimen to which he is subjected only adds to his discomfort. Nurses who have encountered helminthiasis find that it not only lies in their power to make the experience less distressing to the patient, but that often the very success of the treatment depends upon their ability to follow instructions carefully and intelligently.

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[*Continued from page* 62]

ant in nursing education at Teachers College, Columbia University, and as supervisor in nursing education at the New York State Education Department, Albany, N.Y.

▶ COURSES AND MEETINGS: The Southern Division of the ANA meets for its Thirteenth Biennial Convention, June 17, 18, and 19 in Asheville, N.C. Headquarters are to be at the Battery Park Hotel. "Nursing in Regional Planning" has been chosen as the theme for the convention. The Southern Division Banquet will be held Thursday evening, June 18 . . . The following summer courses are to be offered by the Department of Nursing Education of Syracuse University: June 1-12, Ed. Pysch. 151, Dynamics of Individual Behavior; June 15-July 3, Nurs. Ed. 130, Part II, Ward Teaching; June 29-Aug. 7, Zool. 191, Topographical Human Anatomy. Further information may be obtained from Jean Barrett, Director, Department of Nursing Education, Syracuse University, School of Nursing, 103 Waverly Avenue, Syracuse 10, N.Y.

▶ GAMMA GLOBULIN allocation has been placed in the hands of the Office of Defense Mobilization. This applies to both Red Cross donated globulin and the commercially processed globulin purchased by the National Foundation for Infantile Paralysis. It has been decided that gamma globulin is to be made available for measles prophylaxis and for use in the treatment of infectious hepatitis even though this may cause a reduction in the supply of globulin available for use in polio epidemics. The ODM plans to allocate the gamma globulin through state and territorial health officers for use in measles and infectious hepatitis. Additional distribution will be made for the purpose of polio control. It is advised that requests for supplies of this material be made to local and state health departments; the globulin will be furnished free of charge to doctors unable to buy it through regular drug supply channels. This procedure has been adopted to avoid wasteful use of gamma globulin.

Candid Comments

[*Continued from page* 40]

I managed to spend two weeks "in the field" walking and talking with nurses, graduates, and students alike. I returned with the conviction that within nursing too there is spiritual hunger. Old treasured values have been changed or destroyed—new ones have not been found. I agree with Florence McQuillen who writes:* "The fundamental need in hospital life is for a return of religion . . . a way of life . . . the example we set for others." Our individual religions, codes of ethics, and courtesy are personal matters, and not one of us can escape the duty of a personal creed that makes us worthy of our country, our profession, and of the Creator's gift of life. But the faith we live by in our profession, the faith that makes up the soul of the profession, is the concern of all of us, particularly of those who are setting the pace and tone of our progress.

**The Modern Hospital*, February, 1953.

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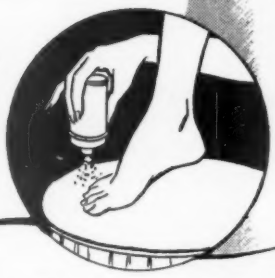

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The Robinsons

[*Continued from page* 36]

in South and Central America and two to Northern Canada. With her husband, Nadine spent many hours exploring the records of past civilizations and pre-Columbian cultures in the Americas. This prepared her for digging and studying in Central America, Equador, and Peru. One of their trips took them down the Amazon when they crossed the continent of South America by plane, mule, canoe, and river boat from Chiclayo, Peru to Belem, Brazil. Since both were willing to forego comfort for adventure, their overnight lodgings were unpredictable. Sleeping in such places as Manaus, Tefe, and Santarem was largely on hammocks, and a hotel room sometimes consisted of four walls with two hammock hooks. One time they slept in one house, ate in another, and showered under a barrel.

The Robinsons have returned from their travels with such diverse objects as shrunken heads, ancient pottery, rugs, Eskimo dolls, and the ceremonial burial raiment of an Inca Indian. Major Robinson has also brought back idols, incense burners, and other souvenirs from his own trip to Japan and Korea where he was sent by the Army in 1951 to help set up a clinic for the administration of the new antimalarial drug, primaquine.

Nadine's archeological specialty is ceramics. She has a collection starting with Royal Doulton china and ranging back through old pots and vessels used by Indians of past generations to pottery which dates before 1000 A.D. Her husband, who introduced Nadine to archeology, says that while he speculates on the beauty of the landscape or on the results of the excavations, Nadine is busy actually digging. "She is a real dirt archeologist. To her the labor of unearthing things, buried long past, is a labor of love."

Travel and archeology are nothing new to Donald Robinson, for during his years at Grove City College in Grove City, Pa. he managed to spend vacations and long weekends hitchhiking all over the U.S. On some of his vacations he assisted in the Bear Mountain Branch of the

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American Museum of Natural History in New York at the time the ruins of Revolutionary War fortresses were being excavated. He had always wanted to be a naturalist, but when war broke out he enrolled as a medical student at Hahnemann Medical College in Philadelphia and upon graduation entered the Army.

What will the Robinsons do with their archeological treasures when they finally return from Korea? If you've followed their story this far, you'll realize they won't hoard them for their own pleasure. Just the opposite. According to Major Robinson, a permanent home for the collection is being built in Elkins Park, Pa. where they can be viewed by the school children in that area. They've already tested this exhibit idea successfully. While Donald was taking a postgraduate course in public health medicine at Johns Hopkins University in Baltimore, the collection was exhibited in the Baltimore schools. And again, in Atlanta, it was housed in the Goodman Museum which serves the school system of that city. Both exhibits attracted wide interest and comment.

Conceivably, you might ask at this point: How have the Robinsons found time to do their traveling and digging? And why would a doctor and nurse be interested in such bizarre things as shrunken heads, anyway? The answer to the first is simple. As an Army medic, Donald Robinson has been sent to several states and countries on various assignments; consequently, he and Nadine have had plenty of opportunity to spend their off-duty time and leaves in out-of-the-way places. Naturally, their hours off have had to be approximately the same, for wherever Donald has been stationed, Nadine has worked, too. A graduate of the City Hospital in Akron, Ohio, she has held nursing positions at a sugar plantation in Hawaii—where she met her future husband; the Tacoma-Pierce County Hospital in Washington; and the University of Maryland Medical Care Clinic in Baltimore. She has also done private duty nursing in Atlanta. While in the Panama Canal Zone for two and a half years she could not nurse, since her husband was on the staff of the only available hospital. So, rather than remain idle, she took a Civil Service exam and worked as an accountant during that period.

Now for the irrelevant but inevitable question as to why a doctor and nurse should be attracted by archeology. And the proper answer to this is, of course, another question: Why shouldn't they? Many professional persons indulge in extracurricular activities, and they are generally more interesting people because of them. This is certainly true of the Robinsons, who by a happy coincidence, happen to share the same professional and non-professional interests. As a result of these mutual interests, it is probably safe to say that we'll be hearing about the traveling Robinsons again after their current stint in Korea. For this is one doctor and nurse team that is apt to make headlines wherever they may be.

R.N. Speaks

[*Continued from page* 32]

ing and industry. From the 1890's to 1900 the 8-hour day was accepted generally in skilled trades, and surprisingly, during the post-Civil War boom certain workers engaged in a strike and won an 8-hour day. And, while nurses argue for the 40-hour week, various labor leaders are even now doing the spadework for a 35-hour week or less.

We hear the hospital administrators cry: "we operate non-profit enterprises; we can't compete with industry." Still we are not impressed. Hospitals compete with the price of labor in their pharmaceutical bills, their food bills, their hospital equipment bills. Hospitals raise funds for additional wings and new buildings which if staffed at all, cannot be staffed adequately because they can't recognize the futility of their Mad Hatter economic reasoning.

Being non-profit organizations does not automatically bestow upon hospitals lifetime licensure to exploit their personnel. If it costs a certain sum to operate a hospital, then patients, the community, and third party payees should pay the full price. The burden for the deficit should not fall on the nurse. As it is, the majority of general duty nurses in this country receive a salary below that minimum quoted by the Department of Labor for the single working woman. Nurses can hardly be criticized for rebelling against a policy of enforced philanthropy which they can so little afford.

—Alice R. Clarke, R.N., Editor

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CLINIC, STUDENT HEALTH: (a) Head nurse, new clinic, Chicago. (b) Social and guidance director, 400 bed hosp. near NYC. (c) College, co-educational, univ. town, MW. (d) Clinic nurses, 24 man group, univ. city, W. RN5-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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GENERAL DUTY NURSE: Night duty in 32 bed Osteopathic Hospital. Starting salary $175. Town 38,000. Laundry and meals. Write Mrs. Evelyn G. Wells, Adm. Joplin General Hospital, Joplin, Mo.

GENERAL DUTY NURSES: For 120 bed hospital. Starting salary $215 plus full maintenance. Surgical Nurse starting salary $225 Additional $10 per mo. for evening and night duty. Regular increases. Nurses' home recently redecorated and refurnished. Liberal personnel policies. Hospital approved A.C.S. Southern Wyoming community of 12000. Write or wire Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

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GENERAL STAFF NURSES: For 160 bed general hospital, community of 25,000 located halfway between Yellowstone and Denver in the oil capital of the Rockies. Starting salary $253 plus laundry, then $263, $274, $285, $297 at 6 month intervals. Annual increases thereafter. $10 differential for eves. and nights. Average 44 hr. week. 6 holidays, 2 week's vacation after 1 year, Blue Cross plans available. Social Security required, sick leave at rate of 1 day per mo. available after 6 mos. Comfortable nurses' residence $15 monthly. Meals at cost, cafeteria style. Convenient transportation. Write Director of Nursing Services, Memorial Hospital, Casper, Wyo.

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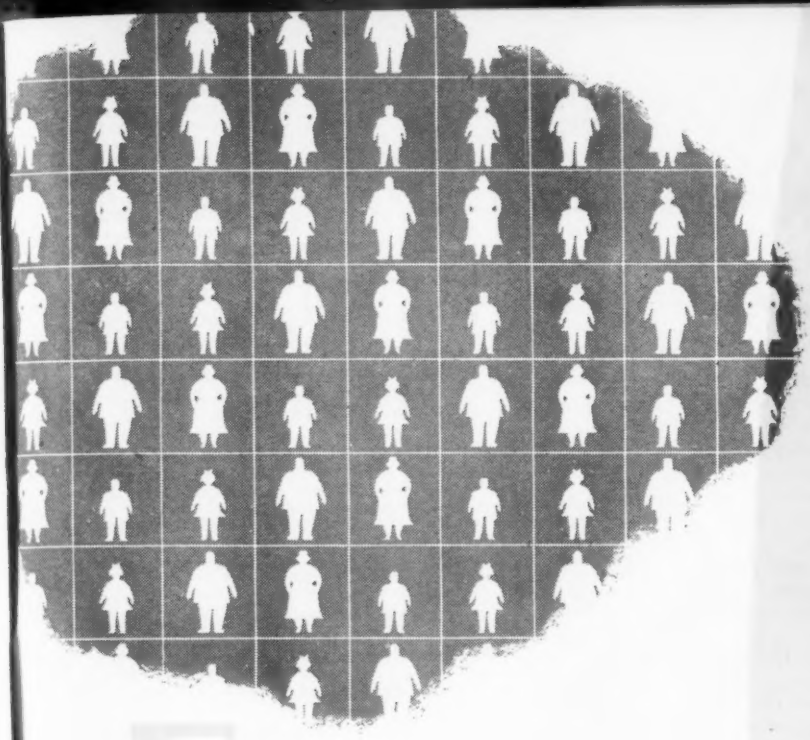

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HEAD NURSES: For Medical and Surgical and Obstetrical Departments. 6 holidays, 28 days vacation, 12 days sick leave. Salary depends on education and experience. Apply to Director of Nursing, Mansfield General Hospital, Mansfield, Ohio

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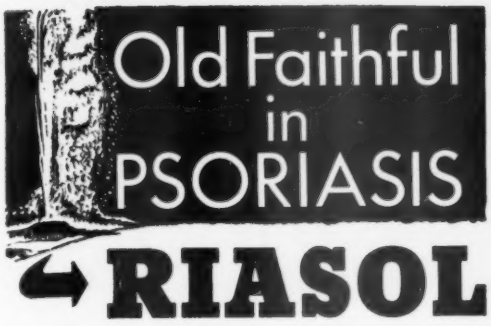

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1. Lehr, D.: Brit. M. J.: 2: 543-548, 1948.
2. Lehr, D.: Brit. M. J.: 2: 601, 1950.
3. Hawking, F., and Lawrence, J. S.: The Sulfonamides, New York, Grune and Stratton, 1951.

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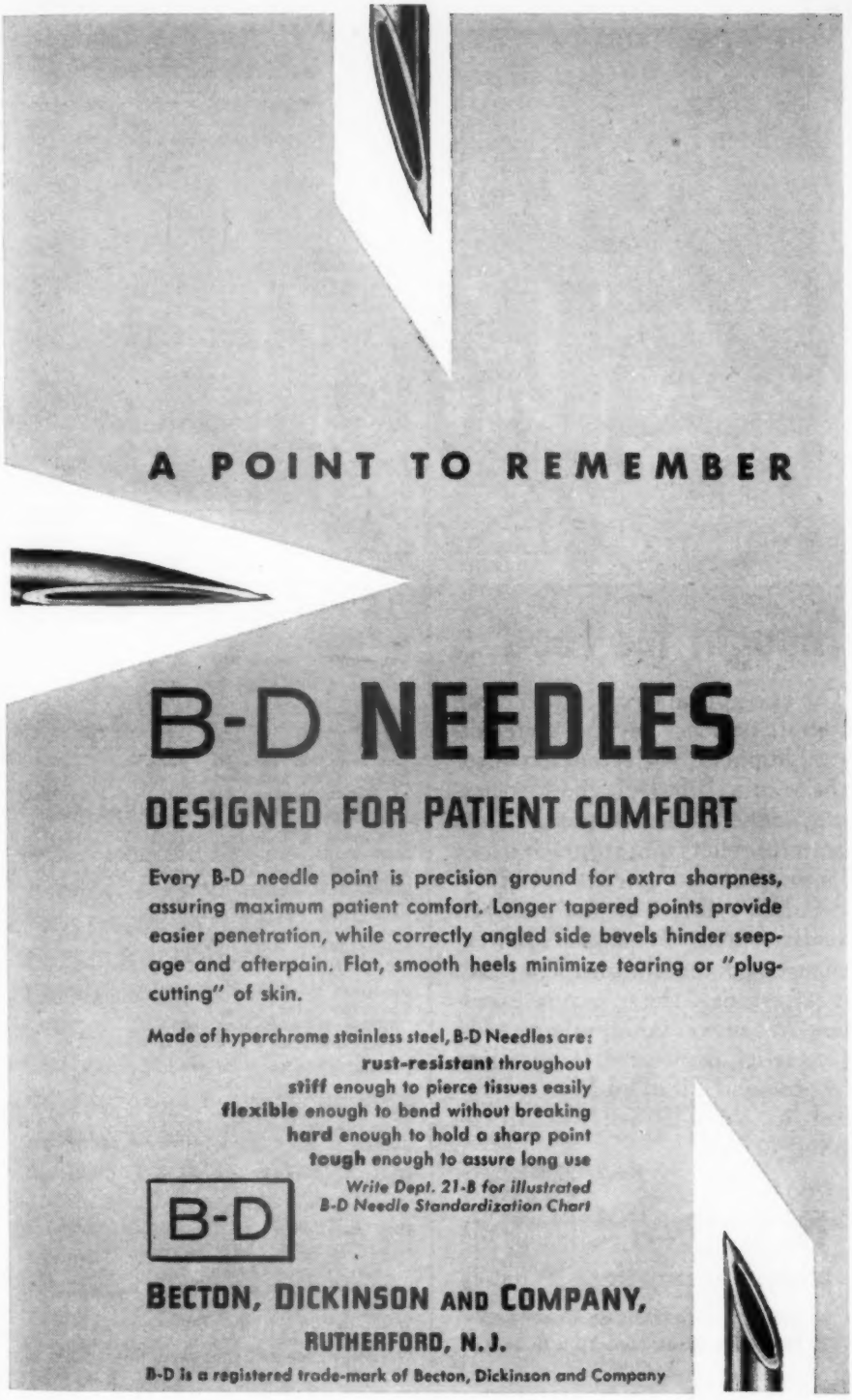
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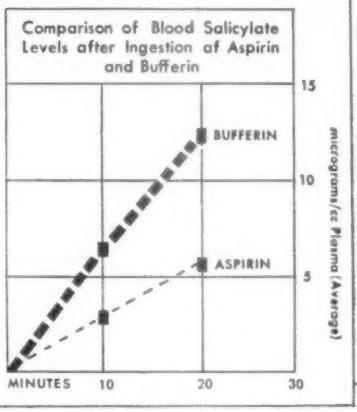

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